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ABSTRACT

This study presented in this report attempts to describe the child care delivery system in Detroit by examining the types of child care provided by urban Detroit families for their preschool children. Data were collected by means of questionnaires sent to 197 child day care centers and 228 family day care homes and interviews conducted with parents in 759 households containing a child under six. Part I describes the methodology of the study. Part II presents descriptive data on the child care facilities in Detroit including child day care centers, family day care homes, licensed day care homes which were not engaged in child care services, and the Detroit Board of Education preschool programs. Part III describes the background and characteristics of households sampled in the study and identifies the type of child care arrangements used by each. Part IV deals with health related topics such as insurance coverage, immunization, and health examinations in the households sampled. Extensive appendices are included which contain the questionnaires used in the study as well as supplemental data tables. (JMB)

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THE CHILDREN:

SHAPES OF CHILD CARE IN DETROIT

by

Sue Marx Smock

Center for Urban Studies
Wayne State University

In Cooperation With

Child Care Coordinating Council of Detroit/Wayne County

PS 009640

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Names of specific individuals appear at the beginning of any section in which they were the major contributer. Many of these same people were responsible for other aspects of the study. Along with those whose names already appear in the text are those whose contributions cannot be "attached" to a specific end product. Stephen Pilzner, who designed, created and ran the computer files, often at 2:00 a.m.; who patiently worked with me to relate the data to the concepts; and who can't stand to have one incorrect punch. Priscilla Kushida who organized the staff and my life, and made certain the manuscript was as consistent and accurate as is humanly possible. Therefore, it must be noted that the errors in this report are due to my pressures to meet a deadline. There are, of course, many others whose contributions were crucial; after all, the reliability level of any study is nil unless the coders and office staff really care--and they did.

Sue Marx Smock

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SUMMARY OF THE DATA

The Facilities

Child Day Care Centers

There are 6,020 children enrolled in 142 full-day centers in Detroit; 1,120 children are in 39 part-day centers. The children enrolled in full-day are more likely to be black; those in part-day to be white. But over half of the centers have both white and black children enrolled. Profit-making centers tend to be part of a chain or national franchise. They are typically licensed for higher capacity than non-profit centers. Those licensed for smaller numbers are more often enrolled to capacity than larger ones.

Families pay an average of $6.00 per day for full day care and $1.60 for part day programs. While parents pay part of their tuition in almost all full day centers, in four-fifths of the centers, the Michigan Department of Social Services (DSS) also pays part of the tuition. Since no centers are designated exclusively for DSS use, the children enrolled tend to reflect a cross section of socio-economic levels.

Less than half of the centers provide professional services. Very few handicapped children are served by these centers. However, 43 percent stated that they would be willing, with special provisions, to enroll these children.

Family Day Care Homes

There are 285 licensed family day care homes in Detroit; obviously this is a very small proportion of all those persons who take care of children in their homes. These licensed homes care for 870 enrolled children (and 245 children who are household members). Infant care is available in 30 percent of these homes; the great majority serve older children, a similar number serve toddlers (188) as serve the two-and-a-half to six year olds (184). The great majority of homes care for a maximum of four children including their own.

The hours of care range from five to 17 daily and average 10.5 per day. Most offer care for the five week days only but are relatively flexible in hours and weekend care. Fees range from $2.47 to $8.00 per day. However, 13 percent stated they would accept the DSS rate of $3.30 per day.

Although few enroll handicapped children, like the day care centers, approximately half of the homes would be willing to take handicapped children under specific circumstances.

Non-Functioning Family Day Care Homes

Of the total listing of active licensed family day care homes, 34 percent were not taking children. Slightly more than half of these non-functioning homes stated that they wanted to take children again, but indicated they had difficulty in finding them. If these non-functioning homes were to operate at maximum potential, an additional 816 children could be accommodated.

Detroit Board of Education Pre-School Programs

There are 23,868 children under six enrolled in publicly funded preschool programs in the City of Detroit. These are educational and developmental in purpose and often accompanied by a service component available to the families of the children involved. The programs adhere to school calendar holidays and hours which can cause additional child care difficulties for working parents. This may be a factor in under-use of these programs by families and children who are eligible to do so.

The Families

Household Background

The data is from a study of all households in the City of Detroit with at least one child under age six. There are 90,400 such households representing 21 percent of all households in Detroit. About two out of three of these households contain one child under age six; another 28 percent contain two such children. There are 128,870 children under six in Detroit.

There are 45,610 or 50.4 percent with a married couple and minor children; 23,580 or 26.1 percent single household heads and children. Among this latter group, 6670 are a mother and her one child under six years of age. There are few households which fulfill the image of the extended family; only 11,200 or 12.4 percent of the households have three or more generations.

The median income is $10,000, but 34 percent of the households fall below the poverty line. This includes 40,610 children under age six.

There are 92,660 mothers of children under six in these 90,400 households. In 97 percent of the cases these persons who act in the role of mother are, in fact, the biological mother.

Twenty-five percent of the mothers are employed. Collectively they have 27,870 or 21.6 percent of these children.

Using the standards of the National Advisory Committee on Child Development, 45,390 children in Detroit are "at risk."

Child Care Arrangements

Type of Care: Three point six percent of the households report using no child care provider other than their mother. Another 13 percent satisfy all their child care needs with persons living in the household. The most common child care provider is a relative of the child's, providing care in the child's home (44.1%) or elsewhere (42.8%). Formal care, including day care centers, nursery schools, etc. (other than kindergarten) is utilized by 11,180 or 8.6 percent of the children; kindergarten by 14,170 or 11.5 percent of the children for at least part of their care. Husbands are used as child care providers in a little more than one third of the households. The employed mother is most likely to use a non-relative or formal care; a mother at home uses these providers least. The mother in school falls in the middle. But the type of provider is further influenced by the psychological mother's marital status and income. Neither the number of children under six in the household nor the age of the children makes any difference in the type of provider utilized (except for kindergarten). The average number of child care arrangement per household is 2.0.

Purposes of Child Care: By far the most common reason for child care is to take care of household tasks such as shopping and appointments. Second to that is adult interests such as social, sport and leisure activities. About one fifth of all arrangements are made so the mother can work, and another six percent so the mother can go to school. Reasons having to do with the child's interests are rarely offered! There is no consistent difference in the type of care for different purposes. Perhaps the major exception to this is formal care used often for work/school purposes (day care centers) and for the child's interests (nursery, co-op, etc.).

Length of Time: The average child care arrangement is ten hours per week; the average number of hours a psychological mother (in household) uses care is 19.8 hours per week. While two out of four households use child care for less than ten hours a week, about 30

percent or 24,530 households use providers for 30 or more hours per week. Employed mothers use child care for the longest time period, averaging 41 hours per week. The higher the household income, the more hours providers are used. Children are in the care of a provider for an average of 17.5 hours per week. This average increases as the child gets older, but even the child under age two is with a provider for an average of 13 hours a week. Almost one out of four child care arrangements are for four days a week or more, and 38:0 extend overnight.

Cost of Child Care: One fourth of the arrangements cost money, paid by 38.7 percent of the households. The average cost to these households is $20 per week. Employed mothers are most likely to pay for child care (two-thirds) and they pay the most. Cost is also related to the psychological mother's marital status and household income. Although people with higher incomes pay more, nevertheless, one out of every five households below the poverty level pay for child care (averaging $12 weekly). Even when the provider is a relative, the care is paid for in one-fifth of the cases and it doesn't cost any less than a non-relative (aside from "babysitter" in the child's home). The most costly child care provider is the formal care ($24.80 weekly). Four percent of the child care arrangements are traded services.

Only 3890 or 4.3 percent of the households obtain financial support from the Michigan Department of Social Services for child care costs. Only 5420 or six percent take a tax deduction for child care costs.

Transportation: Thirty percent of the households have no available car. Of those who took their child(ren) to the provider on a regular basis, about three out of five or 15,120 used a car; but about 16 percent took the child by bus. In two-thirds of these cases the psychological mother was responsible for the transportation; the provider furnished it in six percent of the cases. When a separate fee was paid, it averaged $3 per week.

Perceived Alternatives: Three out of four psychological mothers said that they had not considered any type of child care other than the main one they now use primarily because of convenience to themselves. Of those who did consider other types, their preferences were for a non-relative either in individual or formal care setting. The main reason for rejecting this alternative was cost. Two out of five psychological mothers feel inhibited because of the limitations imposed by their child care situation. They would like to work or be in school.

Health

Almost all (96.7%) of these Detroit families have some form of health insurance. These are primarily Blue Cross/Blue Shield and Medicaid. Coverage includes the children in all but about three percent of the households.

Immunization for these children appears to be higher than the national average. Probably a reflection of concerted effort on the part of the Detroit Health Department and the subjective nature of the data source. Eye, ear and dental exams follow the same trends. What is most obvious is the need for further education and resources for health care.

There is a household member in 20,840 or 23 percent of these households who is characterized as having a continuous health problem which limits activities. This includes about 5050 children under six. This needs additional specificity, but nevertheless has implications for child care.

INTRODUCTION AND IMPLICATIONS

This study is an attempt to obtain a picture of the child care delivery system in the City of Detroit; to examine the ways urban families cope with child care for their preschool children--the study has been limited to children under six years of age, their households, and the child care facilities that service them.

In the last decade, social scientists have truly discovered the problems of child care and are building a large data base. Unfortunately, the entire area of child/parent and family/government relationships are frought with emotional meaning for people, and social scientists are no exception. In many instances, this results in lack of comparable data. There are advantages to this disparity; without it there would be fewer new perspectives. Nonetheless, it is difficult to obtain a total picture of what is happening in the United States vis-a-vis how families cope with the need for supplemental care.

Of course, another reason for the difficulty in obtaining this picture is the lack of a "singular" profile of care in the United States. There is what has been called a "non-policy" regarding child care. It is the hope that this study will contribute to the development of a policy regarding families and supplemental child care. It is a premise of this report that there needs to be national policies regarding this crucial area; that the area of child care as it relates to family support be given the highest priority which means that legislative, social and political policies be viewed and evaluated with regard to their impact on children. There is no more crucial job in society than the rearing of children. Furthermore, it is the active business of society to aid in this process in order that children may grow to their full potential. The problem, of course, is to determine and agree upon what society should and should not do when this is applied to political policy and government legislation. There are major differences of opinion here. At one extreme is a continuation of predominately laissez-faire "non-policy"' at the other extreme is a total system of preschool care available to all children.

In the meantime, in Detroit alone the Detroit Public Schools Attendance Office has records for 10,850 investigations of children "kept out of school" (as differentiated from truant), among all reasons (no shoes, grandma visiting, etc.) are the number kept out to

care for younger siblings.[1] Lt. Gerald K. Stasiak of the Detroit Fire Department estimates that of approximately 60 fires attended each day, ten occur in homes where children are left unsupervised.[2] In the present study, mothers reported a minimum of 250 children under six who stay alone.[3] There are endless examples to make the same point. These problems can no more be relegated to the matter of irresponsible mothers and "bad" children then they can be totally solved by a child care system. While these things are happening, academicians, legislators, therapists and others are debating the "issue" of supplemental child care. But the fact of the matter is that mothers need help caring for their children. They cannot, nor should not, take care of their children 24 hours a day, 365 days a year.

The above statement is probably a basic rationale for this report. However, underlying the design of this study were a number of assumptions as is true of any design. Some of these which seem relevant to mention here are:

1. Day care centers, family homes and other facilities ought to be a family strengthening service. Their experience with children and families should be broader than meeting basic needs for specific hours a day.

2. No design can take family roles for granted. This is especially true if, in fact, many of these households include extended families. The design must be flexible to determine who has the mother role and who is a supplemental care provider. Although conservative in our decision process, the biological mother, in fact, acts as mother (is the psychological mother) in almost all households.

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[1] A survey conducted by the Chicago Area Congress of Parents and Teachers, at the request of the Day Care Crisis Council, estimated that in one low income area alone, the elementary school experienced 3000 lost days of school because of children kept home to babysit.

[2] Four national estimates see America Burning, a report by the National Commission on Fire Protection and Control, 1972.

[3] As discussed in Part III, this is believed to be grossly underestimated. Data from the Metropolitan Chicago United Way estimates that a decade ago a minimum of 700 children of this age group were left alone while parents worked.

At least with regard to Detroit, this ends up playing havoc with the stereotypic poor (primarily black) extended family, living together and functioning as primary caregivers.

3. The same concern regarding roles is reflected in the concept of the "father." With such a high divorce rate, there is no assumption that the spouse of the mother is, in fact, the father of the child. He is, therefore, always referred to as "spouse." Further, he is, along with all others aside from the psychological mother, defined as a provider. Although there is a strong belief among some that the father (mother's spouse) should care for the child -- the essence of "parenting" -- this is a study of what does exist, not what should. Furthermore, there are those who look at the level at which the spouse participates in child care and see it often as a harrassed family -- where husband and wife must take turns (to the point of scheduling jobs) caring for the child. Others view this as exemplifying the change in the American family. They see it as "parenting"; the beginning of gender equality in child care. It, in fact, is probably related to social class (both for the spouse and for the researchers). Only upper-middle class have the luxury of "parenting" -- if it is lower class, it is harrassed parents. The data substantiate the latter in that where there is extended family, the use of spouse drops significantly.

4. Much of the literature equates the need for child care with the working woman. As the numbers of working women increase, so the need for child care facilities increase. If this is true, then in Detroit where the number of working women is relatively low (26%) it would follow from this premise that the supplemental child care needs are also relatively low. But concomitant with this small proportion of working women is the very large proportion of households receiving ADC (36%). Along with this is high unemployment, below poverty families and all that accompanies these factors. Certainly there can be no children who need quality care and accessible supplemental services and no mothers who need intermittent relief from the pressures of child rearing more than this group.

   What is also objectionable about equating working women with the need for child care is the implicit assumption that work is the most important or only necessary reason for child care.

It is, instead, the strong belief of the authors that running a home should be valued as highly as running a business enterprise. There is no objective reason to believe that it is easier to bring along an infant while paying utility bills than it is while sitting at an office desk. Because of societal mores, it is tolerated more among those who interact with a "mother" than it is among those who interact with a working "person." Given this view, it then follows that in this study, such activities as are necessary for home maintenance are separate from work and leisure activities. In essence, grouping social activities and shopping together is prejudicial. Interestingly, "household tasks" are the most prevalent reason for using child care providers.

The data from this study are so rich with information that this report can be viewed only as a first step. First of all, there are technically more precise analytical methods to be used in order to better understand the relationship which exists between the various characteristics presented. Further, there is more data to be analyzed. Nevertheless, there are a number of implications which can be drawn from the descriptive analysis of child care presented in this report. Some of these implications are presented here.

First, mothers rarely mention benefits to their children as the purpose for child care. (The one exception is kindergarten.) Although the purpose for choosing child care may not be for its benefit to the children, certainly the function of child care should be.

The most frequent use of child care is for necessary household tasks and lasts the shortest hours of any child care. Drop-in centers are excellent responses to this common need. Perhaps these centers along with family care homes could be satellites to day care centers where broader services would be available.

These data show a much larger proportion of infant and toddler care in licensed as well as unlicensed settings than anticipated. Data from a variety of studies and sources leave no doubt that the number of infants and toddlers in care as well as the hours of this care will continue to increase significantly. Certainly, this indicates a need for further research into what constitutes good care for this age group not simply whether or not there should be day care.

These data indicate a preference for nursery school, cooperatives and day care centers. This is rarely exhibited when asked directly, but is indicated by other factors such as use of discretionary funds; choice of child care alternatives when present arrangements limit their activities; or when asked which alternatives they considered but rejected. Formal care was the overwhelming consideration but rejected primarily because of cost.

This indicates another important factor. Consumers do not distinguish between day care centers, nursery schools and even some kindergartens in the same manner as licensing agents do. In fact, often they don't distinguish at all. It has no discernable meaning to them. Certainly people need further information and education regarding licensing and variation of child care facilities.

The same problem is dramatically exhibited with regard to family day care homes. Almost 26,000 Detroit children go to the home of an unlicensed non-relative for care. Obviously most of these providers have no desire to be licensed and mothers don't care either. Certainly if maintenance and development of quality care is important, some form of licensing is crucial. But this also means communicating with the consumers so that they understand the worth of licensing and its potential for quality control.

At the same time, it must include some reward for the family day care homes so they see the advantage to licensing and more monitoring. Such rewards are easily selected. The fact of the matter is that even licensed family day care homes need more money, publicity and support services to be part of the system. Family day care homes (licensed or unlicensed) are one of the most flexible and convenient of the provider resources; they need encouragement.

A specific area in which family day care providers need support is in their potential for both infant care and care for the special child. A large number of family care homes and day care centers have stated that they will take special children. They ought to be encouraged, educated and paid to do so. But the repercussions for the special children as well as the "normal" children must be investigated.

If there is to be a concerted effort to encourage quality care both with formal and informal providers as well as extended "licensing" in some form, there needs to be more discussion in policy formulation concerning accountability. All of this, of course, cannot be accomplished with the present staff and budget at any government level.

As one looks at the literature devoted to child care and as one begins to read this text, there is an assumption that a large proportion of children are cared for in these formal licensed settings. In fact, the opposite is true; licensed care is used by about ten percent of Detroit households. It is really small in its impact on the child care situation. It follows, then, that if there is a desire to understand the present child care delivery system, more effort and monies must be allocated for learning about other providers, both relatives of the child and non-relatives.

The import of this is specifically illustrated by the "relatives" who are child care providers in Detroit. These data indicate that the extended family has both been exaggerated and romanticized by the concept of the relative who cares for the child. This is rarely the warm grandmother living in the home and always available (only 12 percent of Detroit households have three generation families). Instead, one is often talking about the seven year old brother who stays home to care for his sibling; the young mother who leaves school; the five year old child who stays alone.

Child care reflects the same variation as in so many other areas of American life; household income is a major screening devise for available facilities. The wealthy have more and better alternatives.

There may be another very relevant factor only indirectly indicated by these data. It is a complex set of attitudes including the feeling that child care is second best to mother's care and that there are very few acceptable reasons for using much of one's financial resources for child care.

Kindergarten presents an interesting prototype. In this case, families pay, but indirectly, for the care. The purposes and general attitude toward kindergarten as a form of supplemental care are strikingly different than any other arrangement. It presents the interesting question of what differences in type, length and purposes for which a paid provider would be used if these providers, like kindergarten, only indirectly came out of the household income.

It is this constellation of attitudes that make it even more difficult to educate families in their role as child care consumers, but they do need to be educated. They not only must understand differences among providers (where these are meaningful) but families must become familiar with all the alternatives that are <u>really</u> available to them, not just the obvious ones which they know about.

Furthermore, parents should understand their rights. Data in this study indicate that only four percent received help from the Michigan Department of Social Services (DSS); only six percent took a tax deduction for child care. A crude estimate made on the basis of available data was that up to one quarter of these households might have been eligible for a child care tax deduction. If mothers knew all the alternatives available to them and the possible financial supports, one wonders if it would change child care choices.

On the other hand, what emerges so strongly is the <u>lack</u> of alternatives available to so many mothers. With 30 percent of the psychological mothers living below the poverty line and the average cost of

paid child care at approximately $20 a week, it is irrational to talk about alternatives. It is rational to speak only of how little we value child rearing.

Finally, enumerated throughout this study are data which characterize the Detroit population as quite different from the nation as a whole or from what is found in other communities. These differences suggest that while national child care policy is crucial, without regional data and regional planning, it would be ineffective at best.

The intent of this study is to draw as explicit a picture as possible of the aspects of the child care delivery system within the city of Detroit. It begins with a description of the various methods used to obtain data since approach and definitions are so intimately involved with interpretation (Part I). The specifics examined are the licensed child care facilities which exist in Detroit including day care centers, family day care homes and the variety of publicly funded programs (Part II). Next is an attempt to obtain a picture of the consumer: the mother who theoretically is the child care decision-maker; the child who is the client; and the household from which they come (Part III). Because the health of the family and child is so much a part of this entire system, an overview of the health care is also presented (Part IV).

PART I:

METHODOLOGY

Introduction

The data for this study are derived from a number of different sources, some of which are primary and some are secondary. Obtaining data derived from secondary sources often demands as much energy and creativity as from primary sources. The design for secondary data collection is, nonetheless, obvious. Therefore, this part will discuss the designs and data collection for the three different types of data derived from primary sources; (1) Child Day Care Centers, (2) Family Day Care Homes, and (3) Households in Detroit containing a child under six years of age, or what is called The Families.

Child Day Care Centers

An inclusive listing of all licensed, less than 24-hour day care centers, nursery schools and cooperative nurseries (not including public school programs of Head Start and Title I) located within the City of Detroit was assembled. The listing was compiled by the Child Care Coordinating Council of Wayne County/ Detroit from information provided by the Licensing unit of the State of Michigan Department of Social Services, the Detroit Directory and the published listing of private, cooperative and religiously affiliated child care facilities. Compiling such a list which was inclusive of all facilities needed for this study was a major task in itself!

Once this job was completed, a pretested questionnaire and explanatory letter were sent to each of the 197 facilities. The questionnaire is reproduced in Appendix A. Sixteen, or 8.1 percent, no longer existed, indicating that as of November, 1975, there were 181 child care centers, nursery schools and cooperative nurseries (exclusive of public school programs) within the City of Detroit. Phone calls and additional mailings were made until an optimal number of questionnaires were completed.[1] The field work was terminated only after each non-interview had been individually reviewed and the decision was made that there would be absolutely no point in pursuing the potential respondent any longer.

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[1] Forty point three percent of the group responded to the initial mailing. However, many of these were later phoned in order to clarify responses to specific questions. Another 28.7 percent responded after further contacts.

As indicated in Table 1, 125 or 69 percent of all the day care centers responded with a completed questionnaire. This report then includes the data from a large proportion of the facilities in Detroit.

Since some information is available about all facilities, an analysis was made of those who did not respond. There are differences with regard to two related characteristics. First, all part-day programs responded; the 56 non-responses were full-day programs. Second, a significant difference exists between profit and non-profit centers in relationship to their participation in the study. Of the 56 full-day programs who did not respond, 42 were profit, and 14 were non-profit full-day centers. These returns represent an overall response rate of 39 percent among profit programs, and 88 percent among non-profit programs. In only two instances, both profit and owned by the same individual, was there a specified refusal (resistance to any questionnaire or research effort). The remainder of those not responding were "passive refusals;" they simply failed to return their questionnaires even after repeated calls.

Table 1: Disposition of Day Care Center Questionnaires

Dispositions	Number	Percent
Total Facilities	181	100.0%
Completed Questionnaires	125	69.1
Refusals	2	1.1
Unreachable	4	2.2
No response after repeated promises	50	27.6%

In order to insure the representativeness of the completed interviews, differential expansion factors will be applied to the data based upon the specific characteristics. As previously stated, all part-day centers responded; therefore, the expansion factor is 1.00

Table 2: Day Care Center Expansion Factors

Type of Center	Profit	Non-Profit	Total
Full-day	2.68	1.23	1.65
Part-day	1.00	1.00	1.00
Total	2.56	1.14	1.45

(Table 2). In effect, there is no expansion factor for part-day centers. On the other hand, the profit or proprietary full-day centers had a much lower completion rate than the non-profit full-day centers. This is reflected in their expansion factors. This expansion of data will result in data which is representative of day care centers within the City of Detroit.

Family Day Care Homes

In the State of Michigan, a licensed day care home is defined as a private home where an adult cares for a maximum of six children (including her own) for less than a 24-hour continuous period. In December, 1975, a sample of day care homes was obtained from the listing at the State of Michigan Department of Social Services (DSS) licensing unit. The sample contained 228 names from the total list of 778.

An explanatory letter and pretested questionnaire were sent to each of the names listed in the sample. (See Appendix A for samples of each.) The results were most surprising. As indicated in Table 3, more than three out of every five licensed homes were, in fact, not

Table 3: Disposition of Family Day Care Sample

Disposition	Sample No.	Percent
Total	228	100.0%
Eligible for inclusion	(83)	(36.4)
Completed questionnaires	82	36.0
Refusals	1	.4
Not eligible for inclusion	(145)	(63.6)
Children age six & over	5	2.2
Foster care license	1	.4
License expired	9	3.9
Wrong address	52	22.8
Deceased	1	.4
No longer have children	77	33.9
Completion rate	98.8%	

available to take children after all. Another 2.2 percent had only children six and over; they were, therfore, not eligible for this

study. Thirty-six point four percent had children under six years of age in their homes. Respondent cooperation was almost perfect; all but one potential interview were completed. The Wayne County Day Care Homes Association gave invaluable support in pretesting the questionnaire and in encouraging cooperation with the study from its members. Obviously, the data utilized in this study reflects, and is representative of, all licensed day care homes in the City of Detroit with children under the age of six.

Since the sampling design was one of a systematic random sample without any form of stratification, expanding from the sample to the total population is a simple step of multiplication, adding a constant of 3.48 to each item. All statistics or sampled items have equal representativeness in estimating the parameters or total population. Throughout the text, these population estimates derived from the sample, are shown.

Of particular interest, and what could certainly be labeled serendipitous finding, was the 33.9 percent of the listing who were potential providers no longer taking children. The study design included this possibility. Aside from the questionnaires, the mailing included a form for those who did not have children in their care. They were asked to return the form so that they could be accounted for in the sample enumeration. As the questionnaires started coming back, the research team realized how large this group actually was, and a second level investigation was pursued. Each of these persons was telephoned and a short questionnaire administered by phone, the purpose of which was to determine their reasons for no longer taking children.[1] The results of this unanticipated study can be found in Part II.

The Families

The City of Detroit has approximately 430,000 households. The allocation of time and funds for the study of child care in Detroit were much too limited to allow for sampling and field work specifically for this study. Actually, three factors complicated, and therefore appreciated the cost of gathering this data in Detroit: (1) the size of the city, (2) the need for a relatively large sample because of the number of cells (e.g., type of child care provider), and (3) the need for at least a two-stage sample selection to obtain households with a child under the age of six.

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[1] The Michigan Department of Social Services (DSS) was apprised of this total information regarding what they thought was a list of licensed day care homes. Because they were interested in potential providers, this specific group was asked if their names and addresses could be given to DSS. Where permission was granted, this information was forwarded to DSS.

Fortunately, the Detroit Citizen Survey, an effort by the City of Detroit Planning Department and Wayne State University, Center for Urban Studies, was just getting underway.[1] The child care study was therefore a "piggy-back" component of this larger study.

The Detroit Citizen Survey, at that time, was designed as a one percent area probability sample of all households within the geographic confines of the City of Detroit. The child care supplemental interview (see Appendix A) was administered in every sample household which contained a residing child under the age of six. This child care study, therefore, was designed to be a one percent area probability sample of all households in the City of Detroit in which a child under six years of age resides. The results of the study indicate that approximately 21 percent of the households include at least one child within this age grouping.

Obviously, the sampling design and method utilized in the total study described below is a reflection of the sample and data collection for the child care supplement. Interviewers were thoroughly trained both in the use of the questionnaire and in dealing with sampling forms and household definitions so that they could recognize a deviation if they found one.

Field Work

Since the child care portion of the interview was very limited in time, because it was a supplement or "piggy-back" to a larger interview, parsimony was most important in decisions about specific subject matter. At all times concern for comparability to other studies, relative priority of information, and time constraints had to be weighted regarding data which could be collected and exact questions included. Since it was a supplement, some questions could be omitted (e.g. family composition) because the data was collected in the main questionnaire. Perusal of the sample interview schedule in Appendix A should keep in mind that much of the information in the main questionnaire is not related to the present study. However, at a future time some items will be examined to determine if there are any unanticipated relationships.

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[1] The original proposal to the Office of Child Development included a design and letter of agreement which would "piggy-back" a questionnaire onto a continuous survey conducted by the City of Detroit Health Department. After the grant was obtained, the City of Detroit discontinued this survey. Plans were rapidly made to transfer personnel and immediately attempt the Detroit Citizen Survey. As a result, the child care study design was altered, as well as extensively delayed.

Personal interviews were conducted by trained personnel between October 25, 1975 and August 1, 1976. The respondent was always the male or female household head unless otherwise specified by the field supervisor. The logical and common respondent in child care studies is, of course, the mother. Because of the original purpose of this study, only household head was interviewed. Interviewers were instructed that they could switch to the mother (if that was a different person) when they reached the child care supplement.[1] If the household head was not at home, three call-backs were made at different times of the day and different days of the week before it was defined as a non-response. Every effort was made to complete the interviews. The results were very satisfactory, especially considering the difficulty across the United States of interviewing in major cities.

As indicated in Table 4 below, a total of 4975 addresses were selected. Those addresses which were vacant, recently demolished, non-residential, etc. were defined as non-samples and, therefore, deleted from the count. In the city as a whole, the overall rate of completed interviews was 84 percent. It is believed that the completion rate for households with a child under six years of age was probably higher since someone is more likely to be at home and willing to talk. Since this could not be accurately measured, the completion rate was not altered for the study of this specific subsample of Detroit households. The 683 households in which an interview was not obtained consisted of 461 "not at home" after repeated attempts, 170 refusals, and 47 miscellaneous problems including language difficulties.

Table 4: Disposition of the Household Sample

Sample	Number
Total Addresses	4975
Non-samples	719
Possible interviews	4261
Completed interviews	3578
Non-responses	683
Completion rate	84%

Weighting

Since this was a single-stage area probability sample, expanding from the sample to the total population is a simple step of multiplication - adding a constant of 119.08 to each sampled item. All

[1] The relationship of household head to the mother is discussed in Part III.

statistics of sampled items have equal representativeness in estimating the parameters or total population. Throughout the text, these population estimates derived from the sample are rounded to the nearest ten.

Data Analysis

To appropriately examine data from this type of study, there are at least four different units of analysis: (1) households, (2) mothers (theoretical decision makers), (3) children and (4) child care arrangements. Unfortunately, each of them has a different total number. Certainly, for easy reading, it would have been logical to utilize one unit of analysis only; however, it seemed worth the added difficulty to obtain a more realistic picture of child care behavior by using whatever unit of analysis is appropriate to the discussion. Thus, the discussion might pertain to (and be so labeled): (1) households (n = 759), (2) psychological mothers (n = 778), (3) children (n = 1082), or (4) child care arrangements (n = 1502).

A second but related problem is the method of dealing with missing data. This includes variables created from questions which respondents didn't answer, said they didn't know, or where the response was so vague or generalized that it could not be coded or grouped. Again, it is tempting to keep the total numbers the same throughout by including them as a category by themselves or distributing them proportionately among the other categories. The first method is unsatisfactory, especially if percents are given since it will distort the percentage distribution. The second method is less commonly used and tends to "unknown" distortions. This report follows the common procedure of deleting the missing data on all items prior to calculations. If, however, the proportion of missing data for any variable seems sufficiently large enough so that the reliability of the reported results is questionable, it will be discussed as part of the analysis. This, of course, results in variation of the total number from table to table.

Another methodological choice made in this study bears explanation since not all studies report data the same way. Any specific variable can be divided into categories of varying detail. Often a detailed enumeration is shown, then specific categories are grouped together and their numbers summed to produce grosser categories; that is, the data is "grouped". For example, income can be shown in $1,000 intervals, then each five intervals summed to produce less intervals of $5,000 each. The total number always remains the same. This is the usual method of grouping data. However, there were specific and important analyses in this report where this procedure would give incorrect results. The specific types of child care arrangements are a case in point. If, for example, among a group of

households, 1000 use siblings as a providers, 2500 use grandmothers and 3000 use other relatives, all of these could be grouped under the more generalized category of "relatives". Since some of the 1000 households who use siblings as providers might be among the 2500 who use grandmothers and/or the 3000 households who use other relatives, one cannot simply sum the specific grouping to state that 6500 households use "relatives". That would undoubtedly count some households more than once. In fact, there may be 4500 households who use relatives as providers (the difference between 6500 and 4500 represents multiple usage). Therefore, every time the decision was made to obtain more generalized categories, the data had to be recomputed with the new categories.

Since this could be such a source of confusion, in Part III particularly, a second example for further clarification seems appropriate. In the analysis of child care arrangements, respondents were asked to name the reasons for using each arrangement. The following are selected from Table 65 (p. 97):

70,630 named shopping and errands and/or
51,090 named appointments and/or
42,760 named emergencies, illness.

A mother might use a specific arrangement for shopping and then for an appointment; she would name (and be counted in) two reasons for the same arrangement. When the data is grouped further for analysis purposes (Table 66, p. 99), her two reasons would fall into one reason; "household tasks." On the other hand, if she had gone shopping then to a movie, it would be enumerated twice in Table 65 and would be counted twice in Table 66. She had used the arrangement for "household tasks" and "adult reasons."

PART II: THE FACILITIES

A. Child Day Care Centers

Louise L. Sally Brown Kay Colby Sharp

Overview

Licensed child day care centers in Detroit, as defined in this study (see p. 1), serve a total of 7240 children. Of this number, 6020 are enrolled in 142 full-day centers, and 1120 are enrolled in 39 part-day centers, a total of 181 centers.

This study of these centers shows that the child in a day care center in Detroit typically comes from a middle- or upper-income family or from a family eligible for Department of Social Services (DSS) support. Center care is not available to most low-income families who are ineligible for DSS support. The exceptions are found mainly in a few centers that provide some scholarship funds. Part III of this report looks at these relationships between income and child care from the standpoint of the family.

If the child in day care is supported by the DSS, the family is generally able to choose whatever center it desires from among those licensed centers accessible to it. No centers are designated for DSS children only. In only 2.3 percent are the fees paid entirely by the DSS. Hence, the child enrolled in a full day of care in Detroit is typically in a center with a range of economic backgrounds.

The typical child in day care will be between two-and-a-half and six years of age; is more likely to be black if in full day care, to be white if in part day care. The child will typically not be handicapped. In a full-day center the arrival time is typically between seven and eight in the morning, and departure between five and seven in the evening. About 50 percent of full-day centers provide transportation. Slightly more than one half of all centers care for both black and white children. If the center is profit-making, it will typically have a larger licensed capacity than if non-profit. If the child needs professional services (health, counseling, learning problems, etc.) less than 50 percent of the centers provide such help. The family pays an average of $6.00 per day for full day care, and $1.60 per day in a part-day program for from two to three-and-a-half hours of care.

Beyond these items concerning the make-up of the day care population in Detroit, the fees paid and services available, the study covers the variety of financial support, licensed capacity and its

relation to actual enrollment, the relationship between auspice and cost, the availability of day care/kindergarten combination programs, readiness to undertake service to children with special needs, and the actual residency of the children enrolled in Detroit day care programs.

The study does not deal with such factors as training or composition of staff, staff-child ratios, space, equipment, educational philosophy or the utilization of knowledge in child development and early childhood education.

Ages of Children Served

The ages of children served by day care range from six months to nine-and-a-half years. All centers in Detroit, except two part-day centers, serve children two-and-a-half to six years of age. In fact, Table 5 shows that the majority serve only this age group (67.4 percent of full-day and 80 percent of part-day centers).

Table 5: Number of Centers by Ages of Children Served*

Type of Center	Ages			
	6-15 months	15 mos. - 2-1/2 yrs.	2-1/2 - 6 yrs.	Over 6 yrs.
Full-day	2	17	142	26
Part-day	2	6	37	0

*Sum is greater than number of centers because of multiple responses.

Group care for infants under 15 months is offered by the least number of centers. No center in this sample reported enrollment of an infant under six months.[1] Only one percent of full-day centers report enrollment of an infant between six and 15 months; in part-day centers the percentage is somewhat greater--5.5 percent.

Service to toddlers, 15 months to two-and-a-half years is slightly more available with 11.6 percent of full-day centers and 15.4 percent of part-day programs enrolling this age group. The typical number of

[1] For a number of years, DSS has licensed only one infant care center in Detroit as a demonstration project. This center, not included in our study, enrolls infants as young as two weeks.

toddlers in full-day centers is two. One center, with a separate program for toddlers, enrolls 24, the largest number for any one center. Typically, the toddler is integrated into the regular day care program in most centers which enroll them. For the part-day programs, the largest number of toddlers enrolled in any one program is 12. The typical number is seven. Overall, 88 percent of full-day and 84 percent of part-day programs enroll no children below the age of two-and-a-half years.

These findings are not surprising since Michigan is still in the process of promulgating rules and licensing standards for infants and toddlers. Programs presently in operation are demonstration projects and have provisional licenses pending final adoption of the rules. Centers do report increasing demand for toddler care and many have plans for providing this care in the near future.

Residency

Detroit residents comprise at least half of the children enrolled in the vast majority of both full- and part-day centers (98 percent of full-day and 90 percent of part-day centers). Detroit residents comprise the entire enrollment in 72 percent of full-day centers as compared with only 25 percent of part-day centers as shown in Table 6.

Table 6: Enrollment by Residence

Residence	Type of Center	
	Full-day	Part-day
Detroit residents only	72%	25%
More than half, but not all Detroit residents	26%	65%
Less than half Detroit residents	2%	10%
Total	100%	100%

This enrollment picture is congruent with the location of the centers. Most full-day centers are located away from the borders of the city, whereas approximately half of all part-day centers are located at the periphery. Hence, many part-day centers are easily

accessible both to the population living in the outer periphery of the city and to the suburban families as well (see Map 1).

As previously stated, the research undertook to study only those centers located within the City of Detroit. Just as the data show that children living outside of Detroit attend these centers, it must be assumed that some Detroit children attend centers located outside the city limits.

Ethnicity

The ethnic groups represented in our sample are Latino, Asian, American-Indian, Black/White biracial, Black and White. The average number of children in a center in each of the first four of these groups is less than one. This was true regardless of the type of center. These findings reflect the overall population make-up of the City of Detroit--which we find to be predominantly black and white.

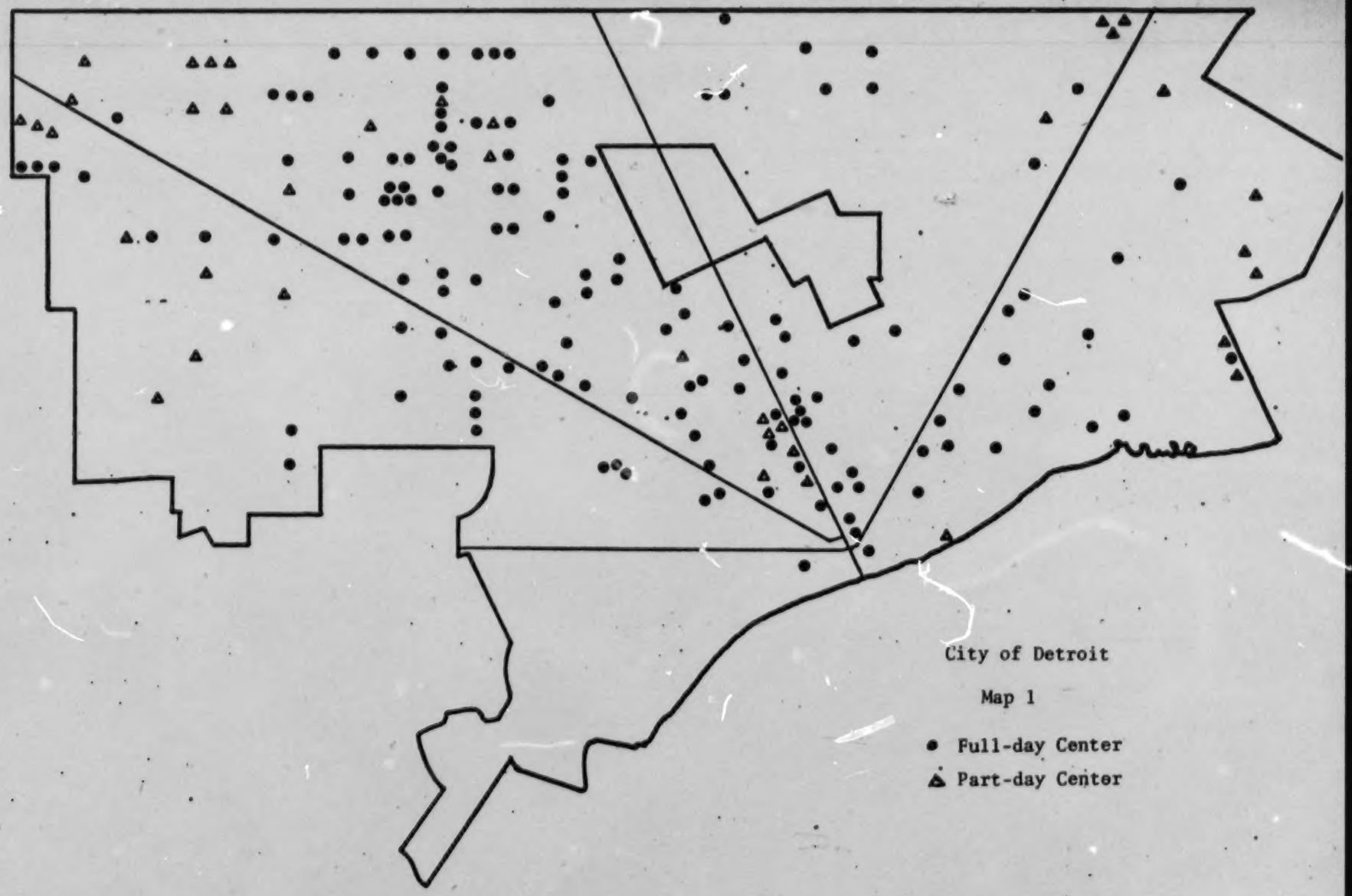
More centers (54%) enroll both black and white children than enroll either race exclusively. Further, more centers (38%) enroll only black children than enroll only white (8%).

When looking at the number of children enrolled, a contrast is noted between full- and part-day programs. The mean number of black children in each of the full-day centers is 34.0, whereas the mean number of white children for the same type of center is only 5.7 per center. The results are just the reverse for part-day centers, where we find the mean number of black children to be 5.3, and the mean for white children to be 25.5 per center.

This relationship can also be observed by looking at how many centers have enrollments of 100 percent white and 100 percent black. As shown in Table 7, there are more full-day centers with an all-black than all-white enrollment. The reverse is true for part-day centers. This relationship between the type of center and percentage of black or white children enrolled was found to be significant ($p < .001$).

Table 7: Number of Centers with 100% Black or 100% White Enrollment

Type of Center	100% Black	100% White
Full-day	68	0
Part-day	1	14


City of Detroit
Map 1
Full-day Center
Part-day Center

Several explanations may be suggested for this relationship. It appears that among families whose mothers work full time outside the home, more black families than white choose the child care center as the form of preferred care. This explanation is consistent with the data from Families in Detroit, Part III of this report; both are consistent with the findings of several studies done throughout the nation on preferences for child care arrangements.

Ruderman (1968) found that on all SES levels, black working mothers responded significantly more in favor of center usage than white working mothers. The black mothers saw the center as providing good quality care and dependability. They tend to see centers also as an opportunity for their children to learn to prepare for school and to acquire social and educational skills. "On all SES levels, Negro mothers see a good child care center as an avenue to acculturation and a way out of haphazard and possibly dangerous 'informal' arrangements." (Ruderman, p. 325)

Westat-Westinghouse (1971) also found race to be an important variable in day care preferences: half of their black respondents preferred child care centers, whereas less than 25 percent of the white respondents exhibited this preference. More black mothers (70%) placed an emphasis on education as an expectation of day care centers than white (56%).

Considering this expressed preference by black working parents for center care over other kinds of care, the high density of centers in those parts of the city having a high percentage of black families may represent supply following demand. This supply may then have a circular effect of increasing black enrollment since we know that easy access is an important factor in parental choice of center, given the transportation problems many families face in making day care arrangements.

Among mothers who do not work outside the home, more white than black women may have the option to enroll their children in a part-day program. Statistics on the comparative incomes of black and white families suggest that black families in which only one parent works, generally do not have an income sufficient to allow for an expenditure for part-time day care or nursery school.

Finally, although the limited utility of part-day centers in meeting employment-related care needs is recognized, it is possible that more white women than black have the option of working part time and are able to use part-day centers to meet their child care needs.

In summary, slightly more than half of all centers serve both black and white families. The percentage of centers caring for black children only is greater than the percentage caring for white. Black families enroll their children in full-day centers more than in part-day. The reverse is true for white families.

Children with Special Problems

Day care's capacity to serve children with special problems is of increasing concern as society accepts greater responsibility to assist families with handicapped children. Michigan passed a mandatory special education act in 1971 which requires school districts to provide educational services to all handicapped persons 0-25. Head Start reserves 10 percent of its space for handicapped children.

Hence, the questionnaire asked centers to indicate the number of children with special problems presently enrolled. The four categories of handicapped children specified, with an additional space for "other," were:

1) physically handicapped
2) emotionally impaired
3) mentally retarded
4) learning disabled

Overall, the data show that 43 percent of all centers care for one or more children with at least one of the specified impairments. Table 8 shows that across all types of problems, fewer part-day than full-day centers care for these children. The learning disabled child is reported as being served most frequently, with the physically handicapped next.

Table 8: Centers Serving or Willing to Serve Children with Special Problems*

Type of Problem	Type of Center			
	Full-day		Part-day	
	Serving	Willing to Serve	Serving	Willing to Serve
Physically handicapped	17	26	4	3
Emotionally impaired	17	10	1	0
Retarded	12	2	4	1
Learning disabled	23	13	4	1
Unspecified	-	28	-	16

*The sum is greater than the number of centers because of multiple responses.

Of the 47.6 percent full-day centers that do provide care for children with special problems, the typical number of children enrolled is one or two. The typical enrollment in a part-day center is only one. Two part-day centers in this sample are specifically for handicapped children; these centers each have eight children enrolled.

In the space for "other," one hyperactive child is reported as enrolled in each of four centers. One full-day and one part-day center enroll an epileptic child. These low frequencies cannot be considered to represent the total population since these problems are not specified in the questionnaire.

Where no children with special problems are enrolled, the Director was asked if she could handle such children. It is found that 58 percent of full-day and 53.8 percent of part-day centers responded that they could do so under certain circumstances. The circumstances typically mentioned in descending order of frequency are as follows:

1) if the disturbance is not too severe
2) if there is more and/or better trained staff
3) if the number of such children is limited

Most often centers state that they might be able to handle the physically handicapped child (see Table 8). The least frequently chosen category is mental retardation. Full-day centers show greater reluctance toward taking the mentally retarded than toward the emotionally impaired.

Twenty-eight full- and sixteen part-day centers indicate a readiness to serve children having special problems without specifying the type, thus making a total of 79 full-day and 21 part-day centers that state they could handle some children with special problems, under special circumstances. No center not presently enrolling children with special problems indicate that it could unconditionally serve such children.

It must be remembered that these figures represent an intention or expressed willingness which cannot be considered a reliable indicator of functional capacity to serve children with special problems. However, if figures for the number of centers presently serving at least one handicapped child are combined with the number expressing willingness to do so under favorable conditions, the total is 97 percent of all centers. This represents a potential for service to children with special needs that deserves to be pursued. Adequate training, adequate staff and supportive auxiliary services might enable Detroit day care to go far toward meeting the needs of this special pre-school population.

Licensed Capacity

Full-day Centers

Full-day centers range in their licensed capacity from 15 to 135 children. The number of children licensed for was broken down into ten groups, as shown in Table 9. The largest number of centers fall into the 30-39 children category. A close second and third are the 20-29 category and the 40-49 children group. Thirty-eight percent of full-day centers are licensed to care for over 50 children. Of those, 15 centers are licensed to care for 100 and more children.

Table 9: Licensed Capacity by Type of Center

Capacity	Type of Center		Total
	Full-day	Part-day	
10-19	7	2	9
20-29	23	31	54
30-39	24	1	25
40-49	21	1	22
50-59	15	1	16
60-69	17	0	17
70-79	13	0	13
80-89	3	0	3
90-99	2	0	2
100+	15	0	15
No answer	2	3	5
Total	142	39	181

The actual enrollment of these centers was tabulated. Of the 53 centers licensed for over 50 children, 18 centers actually have over 50 children enrolled (see Table 10).[1] In looking at actual enrollment, differences are found between centers that are licensed

[1] When a consistent rate of absenteeism can be established, centers sometimes enroll more children than their licensed capacity in order to have full attendance.

Table 10: Comparison of Licensed Capacity and Actual Enrollment of Full-day Centers Licensed for Over 50 Children

Licensed Capacity	Total Number of Centers	Number of Centers: Actual Enrollment Compared with Licensed Capacity		
		Same	Over	Under
53	2	-	-	2
55	2	2	-	-
60	10	2	-	9
67	2	2	-	-
69	2	-	2	-
70	8	2	2	5
75	2	-	-	2
76	2	-	-	2
80	2	-	-	2
82	2	-	1	-
90	2	-	-	2
100	7	-	-	6
103	2	-	-	2
120	2	-	-	2
129	2	-	-	2
134	2	-	-	2
135	2	-	-	2
Total	53	8	5	40
		15.1%	9.4%	75.5%

Table 11: Comparison of Licensed Capacity and Actual Enrollment of Full-day Centers Licensed for 50 Children and Under

Licensed Capacity	Total Number of Centers	Number of Centers: Actual Enrollment Compared with Licensed Capacity		
		Same	Over	Under
15	5	3	-	2
18	2	2	-	-
20	11	5	2	4
21	2	-	2	-
25	5	3	2	-
26	2	2	-	-
27	2	-	2	-
30	11	-	3	7
32	2	2	-	-
35	10	5	3	2
40	12	4	2	5
45	8	2	-	7
48	2	2	-	-
50	12	2	2	8
Total	86	32	18	36
		37.2%	20.9%	41.9%

for 50 or less and centers licensed for more than 50 children. Table 11 shows that those centers licensed for the smaller number of children tend more frequently to have either enrollments that are exactly what they are licensed for or more than their licensed capacity. In fact, 37.2 percent are functioning at capacity as compared to only 15.1 percent of the centers licensed for more than 50. Often the larger centers have enrollments less than their licensed capacity.

Hours and Days Open

Full-day Centers

The data show the typical full-day center in Detroit to be open ten to 12 hours per day, five days a week. No center provides care on either Saturday or Sunday. None provides night-time care that would serve the needs of parents working either the afternoon or the night shift in plants, hospitals, restaurants, etc.

The earliest opening hour is 6:00 a.m.; the latest closing hour is 6:30 p.m. Sixty-seven percent of all centers open between 7:00 and 8:00 in the morning; 93 percent close between 5:00 and 6:30 p.m. (see Table 12).

Table 12: Opening and Closing Hours for Full-day Centers

Hours	No. of Centers
Opening Hour:	
6 - 6:59 a.m.	36
7 - 7:59 a.m.	96
8:00 a.m.	10
Closing Hour:	
Before 5:00 p.m.	10
5 - 5:59 p.m.	64
6 - 6:30 p.m.	66

Of importance to many families needing part-time care is the extent to which full-day centers can accommodate requests for a variety of less than full-time arrangements. Since full-day centers are open from ten to 12 hours a day, they are more likely than part-day centers to meet the needs of a mother who works part-time.

Enrollment for as little as two-and-a-half hours per day is available in 54.6 percent of full-day centers. No minimum number of hours is indicated by 12 percent. Thus, two-thirds of all centers

Table 13: Minimum Hours of Enrollment: Full-day Centers

Minimum Hours	Number	Percent
Total	142	100.0%
No minimum	17	12.0
0 up to 2.5 hrs.	13	9.2
2.5 up to 5 hrs.	64	45.0
Full-day only	48	33.8%

provide flexibility of hours to some extent. The remainder of the centers do not accept children for less than full-time care--at least five hours a day, five days a week (see Table 13).

Part-day Centers

All centers report sessions lasting from two to three-and-a-half hours. Slightly over half provide two sessions a day, each session serving different groups of children. Some centers have as many as four sessions a day, and a few--mainly the cooperative nurseries--one session per day. By far, the greatest number (75%) have sessions three days a week or less. The remaining programs run sessions four or five days a week. No part-day center enrolls children for less than its full program.

Limitations in the number of hours and days open make obvious the fact that part-day centers generally serve needs other than those related to parental employment. Part-day programs enhance the social, emotional and intellectual development of the children. They provide parents with important short-term respite from child care responsibility, and the opportunity to exchange experiences and information with other parents. They also offer access to personnel trained in child development. Educators stress these services more and more as important to healthy child development and the strengthening of family life.

Kindergarten Programs

The kindergarten year is often the most difficult one for working parents to deal with in terms of child care. Public school kindergartens provide programs only two to three hours a day. The morning session begins later, and the afternoon session ends much earlier than a full workday's schedule. Hence, supplementary care at odd hours is essential if the child of working parents is to take advantage of public school kindergarten.

To meet the needs of this transitional year, almost half (47%) of the full-day centers provide a combination of kindergarten/day care which meets both the educational needs of the child and the supplemental care required because of the parental work schedule. Part-day centers do not generally have kindergartens; only one percent reported providing a kindergarten program.

Care for Children Six and Over

Although not within the scope of this study, day care service to children six and older was reported by the centers. Day care needs do not stop when a child enters first grade. The full work day typically begins earlier and lasts much longer than the regular school day. The data show that only full-day centers report after- or both before- and after-school care. Of the full-day centers, less than 20 percent provide care for older children. The typical range in the number of older children cared for is from one to five.

Transportation, space and programming are all considerations which discourage the inclusion of care for school-aged children in the day care center. The data indicate that care in licensed centers for school-aged Detroit children is very meager indeed.[1]

Transportation

In Detroit, where the public transportation system is not geared for frequent and comprehensive service, transportation to

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[1] Increasing concern is expressed by authorities over the unsupervised hours of many school children whose parents work. Forty-five percent of violent crimes are committed by children 17 and under. This age group is also experiencing the greatest increase of any group in the society in drug abuse and illegitimate pregnancy.

and from the day care center is a key consideration in the parents' choice of a program. In fact, as pointed out in Part III, 30 percent of families with children under six have no car. The data show that slightly more than half (52.3%) of full-day centers provide transportation from home to center and back.[1] Quite the opposite picture is shown by data from part-day programs; only two report that they provide transportation. It could be assumed that in most families using part-day programs, the mother has a car some of the time and the leisure or flexibility to provide transportation and/or to be part of a car pool.

Professional Services

For many parents the day care center tends to be the most immediate source of help, if needed, from an outside person--the director or teacher who is seen as an expert on children. The center is the place where the child spends more time than anywhere but home; it offers the day care staff an unmatched arena for observing each child in the midst of peers. Therefore, the center has great potential for the early detection of problems and for offering help to the family. This help can be given through direct counseling by day care staff, by referral to community resources, or by such on-the-spot programs as vision and hearing screening or an immunization team brought to the center by the Health Department. Therefore, each center was asked to record whether services beyond the actual care of the children were available through its programs.

Almost half (45%) of all centers report that some type of professional service is available through their centers either directly or by referral. Table 14 shows that part-day centers are more likely to have psycho-social services only, whereas full-day centers have a combination of services.

If one looks only at centers that provide services, overall the data show that of those centers providing services, the largest number (39.3%) report the availability of a combination of medical/dental, and psycho-social services. One quarter report only medical/dental, and 35.7 percent report the availability of only psycho-social services including testing, consultation and guidance.

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[1] The Michigan Department of Social Services encourages this service by adding a $1.50 per day transportation allowance to the tuition paid for a child from a family eligible for DSS child care support. This, however, is lower than the average amount reported by parents who pay transportation costs. For further discussion, see Part III.

Table 14: Professional Services by Type of Center

Services	Type of Center			
	Full-day		Part-day	
	No.	Percent	No.	Percent
No Services	82	57.7%	20	51.3%
Medical/Dental	21	14.8	1	2.6
Psycho-Social	13	9.2	12	30.8
Combination of Services	26	18.3%	6	15.4%

Few, if any, centers are able to include health, psychological or social work professionals on their full-time staffs. A few are in a larger setting, such as a settlement house, which provides some consultation and service from its core professional staff to the day care population. For example, one center is sponsored by the Visiting Nurses' Association which makes excellent over-all professional service available. In a few instances a child guidance clinic or other community mental health agency assigns a staff member to be present regularly for a few hours a week in the center, observing and working with the children and consulting with the staff. More frequent, but by no means common, is the use of a public health nurse or a mental health professional for diagnostic observation and consultation concerning specific children. Of significance is the fact that 55 percent of all programs reported the availability of no professional services through their centers.

Unmet needs

A companion question to the one concerning professional services is one asking them to report, on the basis of their experience, what, if any, needs are either inadequately met or not met at all in the Detroit community. Inadequate or non-existent resources are reported by 52 percent of all centers responding. The unmet needs most often cited are as follows:[1]

[1]Sum is greater than 100 percent because of multiple responses.

1)	Cultural/Recreational facilities	18.4%
2)	Availability of more, cheaper, or better day care centers	12.0
3)	Psycho-social services	9.6
4)	Programs for parents (including parenting skills training, family counseling, child abuse prevention)	8.0
5)	Medical/Dental care	6.4
6)	Infant care	9.3
7)	Center care for children with special problems (learning disabilities, physical handicaps, etc.)	4.0
8)	Comprehensive services (a combination of four or more services)	3.2
9)	Miscellaneous (includes centers for infants, etc.)	5.6
10)	No unmet needs cited	40.0%

The centers' responses represent the perception of center directors, which may be determined by two factors:

1) the problems they encounter either with individual children or with overall programming, and

2) the knowledge of community resources to meet the needs indicated.

Of course, these perceptions, correct or incorrect, are the determination of help made available through the centers to the families in need of professional services.

It is significant that 40 percent of all centers responded that they were unaware of any needs not adequately met in the Detroit area. This response is interpreted to indicate either:

1) a view of the day care center as simply providing care while the child is present, not as a partner with the family in meeting developmental needs, or

2) failure to assess need, or

3) lack of information about the range and gaps in community resources to meet the needs of children and families.

Financial Support

Sources of Support

(1) Fees

Fees constitute by far the greatest source of support for day care in Detroit. It must be remembered, however, that fees alone do not represent the total cost of day care. Nevertheless, data from Detroit Families discussed in Part III, indicate that centers are among the most costly methods of child care. Additional sources of support will be be discussed later. Fees come from three sources; parents, Department of Social Services (DSS), and scholarship funds.

In 97.7 percent of full-day centers, parents pay at least some of the tuition, and in 17.4 percent parents pay all the tuition. In 81.4 percent of full-day centers the DSS pays at least some of the tuition, with 2.3 percent listing DSS as their only tuition source. Another 12.8 percent list a combination of parents, the DSS and scholarship funds as their sources.

Parents are also the primary source of fees in 95 percent of part-day centers. The DSS rarely supports care in part-day centers. Thirty centers depend entirely on parents; six centers enroll children who receive scholarships. One part-day center lists the DSS as a primary source with scholarships a secondary source. Another lists the DSS as a secondary source, and still another mentions a combination of parent-paid fees, the DSS and scholarship funds as its financial support. Tables 15 and 16 summarize these findings.

(2) Fee Schedules

As shown in Table 17, the overwhelming majority of both full- and part-day programs have a fixed fee schedule: 82.6 percent of all full-day and 84.6 percent of all part-day programs. Only 17.4 percent of full-day and 15.4 percent part-day centers can accommodate families who cannot afford the full fee for care. Hence, in Detroit, children generally do not have center care as an option, if the family cannot afford center fees but has too high an income to be DSS eligible for day care support. The exception is for child-abusing families where center care is part of the treatment plan. In these families, the Department of Social Services will pay for day care irrespective of family income.

Table 15: Primary and Secondary Sources of Fees in Full-day Centers

Primary Source	Secondary Sources			
	DSS	Scholar-ships	No Secon-dary Source	Total
Parents	66.3%	1.2%	17.4%	84.9%
DSS	--	0.0	2.3	2.3
Combination (Parents,DSS, Scholarships)	0.0	0.0	12.8	12.8
Total	66.3%	1.2%	32.5%	100.0%

Table 16: Primary and Secondary Sources of Fees in Part-day Centers

Primary Source	Secondary Source			
	DSS	Scholar-ships	No Secon-dary Source	Total
Parents	2.6%	15.4%	76.8%	94.8%
DSS	--	2.6	0.0	2.6
Combination (Parents, DSS, Scholarships)	0.0	0.0	2.6	2.6
Total	2.6%	18.0%	79.4%	100.0%

Table 17: Fee Schedule by Type of Center

Fee Schedule	Type of Center			
	Full-day		Part-day	
	No.	%	No.	%
Fixed	117	82.4%	33	84.6%
Sliding	25	17.6%	6	15.4%

Table 18 shows the typical ranges for full- and part-day programs charging a fixed fee. The average fee charged for full-day care (at least five hours) is $6.00 with a range from $3.75 to $9.00. The $9.00 figure is for infant-toddler care.

Table 18: Fees Per Day for Centers with Fixed Fee Schedule

Fee Per Day	Centers with Fixed Fees	
	Full-day	Part-day
$ .10 - 1.50	2	15
1.60 - 2.50	0	12
2.60 - 3.50	0	3
3.60 - 4.50	7	1
4.60 - 5.50	25	0
5.60 - 6.50	47	0
6.60 - 7.50	31	0
7.60 - 8.50	2	0
8.60 - 9.00	3	0
Total	117	31*

*Two centers did not report their fee.

In part-day centers (two to three-and-a-half hours) with a fixed fee, the average is $1.67 with a range from $1.00 to $4.17. Overall, the findings show that both full- and part-day centers typically have a fixed fee schedule.

Data show that centers with a sliding fee scale have a wider range. Full-day centers' sliding fees range from $2.50 to $11.00; part-day programs range from $1.00 to $5.00 for all but two programs. These are the Orthopedic Clinic and United Cerebral Palsy, both serving children with very special needs. Their top fees are $12.00 and $21.77 per day, but they take children on the basis of ability to pay. Since these top figures would skew the picture of fees charged by the typical part-day center, they are excluded from Table 19, which shows the typical ranges in highest fees charged by centers with a sliding scale. Table 20 shows the typical lowest fee charged in such centers.

Table 19: Highest Fee for Centers with Sliding Fee Schedule

Highest Fee Per Day	Centers with Sliding Fee Schedule	
	Full-day	Part-day
$ .00 - 1.50	2	0
1.60 - 3.50	0	3
3.60 - 5.50	5	1
5.60 - 7.50	13	0
7.60 - 9.50	2	0
9.60 - 11.50	3	0
Total	25	4*

*Two centers did not report their highest amount charged per day.

Detroit's fees for full-day care, an average of $6.00 per day, are substantially lower than those recorded by out-state centers.[1] These centers report an average cost of $9.11 per day of which about 20 percent, or $1.82, is covered by in-kind contributions. The dollar cost then comes to an average of $7.29, which is 21.5 percent more than Detroit's average of $6.00

[1] Data from information reported by day care directors enrolled in a course offered by the University of Michigan 1974-75. "Child Care Costs in Selected Michigan Day Care Centers," University of Michigan School of Education, 1975; unpublished.

Table 20: Lowest Fee for Centers with Sliding Fee Schedule

Lowest Fee Per Day	Centers with Sliding Fee Schedule	
	Full-day	Part-day
$ .00 - 2.50	3	4
2.60 - 3.50	7	0
3.60 - 4.50	3	2
4.60 - 5.50	7	0
5.60 - 6.50	3	0
6.60 - over	2	0
Total	25	6

We can only conjecture that either Detroit centers' in-kind contributions are substantially higher than elsewhere (not borne out by reports of additional sources of support) or that they spend substantially less on costs that are not fixed, such as personnel and food.

Additional Sources of Support

The U.S. Department of Agriculture Food Program constitutes the chief supplement to fees for full-day centers; it is never mentioned as a supplement by part-day centers. This finding may be related to the fact that USDA food subsidy is tied to service to a low-income population and part-day centers tend to enroll higher percentages of middle income families than full-day. Also, part-day centers generally do not serve meals.

Churches were mentioned as another chief source of support, primarily in the form of donated space. As shown in Table 21, part-day centers receive the highest percentage of additional support from churches, and full-day centers receive support from churches almost as frequently as from the USDA.

Groups, organizations and individuals are mentioned as sources of help also. Support from groups or individuals is mentioned relatively more frequently by part-day centers than by full-day centers. This support is typically in the form of money, although one full-day center reports that an organization provides assistance with personnel. Several part-day centers and one full-day center receive university assistance with space and/or personnel.

It is significant that 41.6 percent of full-day centers and 46 percent of part-day centers report no additional source of support beyond the fees they collect. When we consider the low fee schedules charged in Detroit, the need for additional support seems clear if day care is to provide the quality of care which young children require for full and healthy development.

Table 21: Additional Sources of Support Beyond Fees

Type of Support	Type of Center			
	Full-day		Part-day	
	No.	%	No.	%
Total	142	100.0%	39	100.0%
None	59	41.6	17	46.0
USDA	30	21.1	0	0
Churches	28	19.8	9	24.3
University	2	1.4	4	10.8
Groups	7	4.9	4	10.8
Individuals	3	2.1	3	8.1
Miscellaneous	3	2.1	0	0
No answer	10	7.0	2	---

Proprietary and Profit/Non-Profit Status

Each center was asked whether or not it is part of a larger bureaucracy. Of the centers which are an entity unto themselves, 31.7 percent are full-day and 33.9 percent are part-day. Only 3.5 percent full-day centers are part of an educational bureaucracy (public school or institution of higher learning) whereas 15.4 percent of the part-day centers are in this category. On the other hand, 44.4 percent of the full-day centers are part of a religious bureaucracy, whereas only 17.9 percent of the part-day centers are. Approximately the same percentage of full-day and part-day centers are part of an agency, such as a public housing project or settlement house. Only 12 full-day centers are part of either a franchise (5 centers) or a local chain (7 centers). No part-day centers fall into either of these two categories.

Overall, Table 22 shows that the largest percentage of full-day centers are part of a religious bureaucracy or an entity unto themselves. Part-day centers tend to be either an entity unto themselves or part of a religious bureaucracy.

Table 22: Bureaucracy Affiliation by Type of Center

Type of Bureaucracy	Type of Center			
	Full-day		Part-day	
	No.	%	No.	%
Total	142	100.0%	39	100.0%
None	45	31.7	21	53.9
Educational	5	3.5	6	15.4
Religious	63	44.4	7	17.9
Agency	17	12.0	5	12.8
Franchise	5	3.5	0	0
Local Chain	7	4.9	0	0

Each center was asked whether it functioned as a profit or non-profit corporation. Of the total sample, only 21.6 percent are profit-making centers. An analysis of the non-participating centers and their status on this issue will be discussed later.

Two relationships are explored regarding the profit-making status of the centers. The first relationship is between the profit-making status of the center and whether it has a fixed or sliding fee schedule. No significant relationship is found for either full-day or part-day centers. That is, non-profit centers do not have a sliding fee schedule any more frequently than profit-making centers.

The second relationship examined is that between profit-making status and licensed capacity. The median number of children licensed for by all full-day centers was calculated and tested to see whether more profit or non-profit centers are licensed for more children than the median number. Table 23 shows a significant relationship between licensed capacity and profit-making status ($p < .05$). Whereas, approximately the same number of non-profit centers are above and below the median, only 29.2 percent (7 centers) profit centers are below the median as compared to 70.8 percent

(17 centers) above the median. Therefore, the data show that full-day profit-making centers attempt to enroll a larger number of children than non-profit centers.

Table 23: Number of Full-day Centers that Have Licensed Capacities Above and Below the Median Number of 50 Children*

Licensed Capacity	Center			
	Profit		Non-Profit	
	No.	%	No.	%
Below Median (0-49 Children)	19	29.2%	44	58.7%
Above Median (50 - 100+ Children)	46	70.8%	31	41.3%

*One full-day center did not answer the question about licensed capacity.

In addition, the data show that among profit-making centers licensed for more than 50 children, 86 percent were part of a local chain or national franchise.

The data suggest that in order to be attractive to persons or organizations wishing to make a profit, day care must involve large numbers of children.

Non-Participating Centers

The response from Detroit's child care center population to participate in the present study is unusually positive. Out of a total of 181 licensed day care centers, 69 percent volunteered to participate. However, a check was made on the basis of public knowledge about all centers to determine if there are outstanding differences in the nature of the participating and non-participating centers.

In looking at the non-participating centers, one glaring fact stands out--most of the centers that did not participate are profit-making. Out of the 56 centers that did not participate, 42, or 75 percent, are profit-making centers. Likewise, more than half of all profit centers did not participate. Thus, only 27 out of a

total of 69 profit centers, or 39.1 percent, participated in contrast to the 98 out of 112, or 87.5 percent, non-profit centers that did participate.

Licensed capacity is a matter of public record for all centers.[1] Hence, a comparison of data about licensed capacity was made for both participating and non-participating centers. Of the non-participating centers, a higher percentage of centers are licensed for more than 50 children than in the participating sample--53.6 percent versus 37 percent. The non-participating centers licensed for 50 children or more are typically profit-making centers. This finding is consistent with the sample data discussed in the section on licensed capacity, which indicates that profit centers are more likely than non-profit centers to have a large licensed capacity.

Although a greater percentage of the non-participating centers are profit-making than the participating, the statements made about profit status centers based on sample findings are consistent with the information obtained on the non-participating centers.

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[1] Directory of Child Care Centers, pp 164-184, State of Michigan, Department of Social Services, Lansing, 1975.

Day Care Center Directory, Wayne County, DSS, Detroit, 1975; unpublished.

B. Family Day Care Homes

Louise L. Sally Brown Kay Colby Sharp

Overview

With the exception of care provided in a child's own home, family day care has the potential for offering the most accessible and flexible of all child care arrangements. Ideally, family day care is a neighborhood resource located within walking distance of the families it serves. It offers care in a home atmosphere with a small number of children. It can serve infants, toddlers and preschoolers throughout the day and can also accommodate those children's school-age siblings and other older children before and after school and at lunch time. It can offer care at odd hours of the day or night and on weekends, as the family day care provider wishes. Family Day Care is often the least expensive care arrangement available.[1]

A licensed family day care home is a private home which has been approved by DSS for the care of a maximum of six children under the age of seven (including the children under seven living in the home) for less than a 24-hour continuous period. No more than two of the six children can be 12 months or below. The only other requirements for licensing are for adequate health, safety and space provision and for character references furnished by the caregiving person.

Although there is almost 100 percent participation in the study from the licensed home sample, it must be pointed out that the vast majority of home care situations are undoubtedly not licensed. Only estimates of this number are available. Windows on Day Care, Mary Keyserling's report of a nation-wide survey done by the National Council of Jewish Women in 1972, estimates that over 90 percent homes are unlicensed. In 1970, the Department of Health, Education and Welfare estimated that more than a million children were cared for in unlicensed situtations (Stempels, 1973). This is consistent with the results of the study of Detroit families discussed in Part III. There are almost 26,000 Detroit children under age six cared for outside of

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[1] Family Day Care rates are not set or standardized except for DSS eligible families. At the time of this study, DSS was paying $3.30 per child per day for family day care; $4.25 per day to the child care aide coming into the home to provide care for one child; $5.70 per child per day in a day care center. Rates have risen since 1975/76 but the differential remains.

their own home by a non-relative; there is no way of knowing how many of these providers could be defined as unlicensed family day care homes. Therefore, while the data of this report give a remarkably accurate picture of licensed family day care in Detroit, it must be understood that one cannot know how accurate the picture is for all home day care.

There are 285 licensed family day care homes in Detroit. They care for approximately 1115 children, about 870 enrolled children and about 245 children living in the day care homes. This study examines the population served and the services provided.[1] Costs, flexibility in hours, days, and fees and the extent to which family day care is and is not a neighborhood resource are also reported. Comparisons with child care center data will be made.

Ages of Children Enrolled

The range in ages of children enrolled in licensed day care homes is six months to nine-and-a-half years. Two age groups are most frequently enrolled: children from one to two-and-a-half years of age (toddlers) and preschoolers (two-and-a-half to six years). The percentage of homes serving these two age groups is virtually the same

Table 24: Number of Homes and Number of Children Enrolled by Age of Enrolled Children

Ages of Children	Homes with Children		Enrolled Children	
	Number	Percent	Number	Percent
Total	(a)	(a)	867	100.0%
Under 1 yr.	87	30.5%	108	12.4
1 - 2-1/2 yrs.	188	65.9	289	33.3
2-1/2 - 6 yrs.	184	65.0	355	41.0
6 yrs. & over	77	27.0	115	13.3

(a) Sum is greater than 100% because homes contain more than one age group.

[1] For a description of the study design and sample, see Part I, Methodology.

(Table 24). However, the number of two-and-a-half to six year old children served is 22.8 percent greater than the number of one to two-and-a-half year olds (355 as compared with 289). As shown in Table 25, homes serving preschoolers are more likely to enroll more than one child of this age than homes serving toddlers. Whereas, the 40.4 percent of homes enrolling one to two-and-a-half year olds take only one child in this age bracket.

As Table 24 shows, service is significantly less often provided to children who are either younger than one year or older than five. In both age brackets, typically, only one child is enrolled in each home: in 25.6 percent of homes caring for infants and in 17.2 percent of homes caring for children six and over (refer to Table 25). For a breakdown showing how many homes care for children under six and how many take children of all ages, see Table 26.

Table 25: Number of Homes by Ages and Number Per Home of Enrolled Children

Number of Children in Each Home	Number of Homes by Age of Enrolled Children							
	0 - 1 yr.		1 to 2-1/2		2-1/2 to 6		6 & over	
	No.	%	No.	%	No.	%	No.	%
Total	285	100.0%	285	100.0%	285	100.0%	285	100.0%
None	198	69.6	97	34.0	101	35.5	209	73.3
One	73	25.6	115	40.4	80	28.0	49	17.2
Two	7	2.4	52	18.2	52	18.3	17	6.0
Three	7	2.4	18	6.3	42	14.6	10	3.5
Four	0	0.0	0	0.0	7	2.4	0	0.0
Five	0	0.0	3	1.1	3	1.2	0	0.0

Of special significance is the fact that, though less available than for the one year through five year group, care for infants is provided in almost one-third of all licensed homes (30.4%). This percentage contrasts dramatically with the less than one percent of centers which provide infant care. It must be pointed out, however, that infants comprise only 12.4 percent of all children in family day care. This low percentage of infants compared to the percentage of homes, is accounted for by the fact that, as noted elsewhere (Table 25), each home typically enrolls only one child this age.

Table 26: Number of Homes by Number of Enrolled Children Per Home Under and Over Age Six

Number of Children Enrolled Per Home	Number of Homes with:			
	Only Children Under Age Six		Children Both Under and Over Age Six	
	Number	Percent	Number	Percent
Total	285	100.0%	285	100.0%
One	80	28.0	56	19.5
Two	59	20.8	59	20.7
Three	70	24.4	66	23.2
Four	59	20.8	70	24.5
Five	7	2.4	17	6.1
Six	7	2.4	7	2.4
Seven	0	--	7	2.4
Eight	0	--	0	--
Nine	3	1.2	0	--
Ten	0	--	0	--
Eleven	0	--	3	1.2

Recent Department of Labor statistics indicate that the fastest growing group of employed females is that consisting of mothers with children under three. The high usage of homes for toddlers is consistent with this finding. Furthermore, data about Detroit families analyzed in Part III of this report indicate that children under one year are frequently in the care of non-relatives outside the child's own home.

In the light of these findings about the need for infant care, it would not have been surprising had the number of homes caring for infants been greater. In the pretest group of homes, some caregivers indicated that they did not accept infants because conscientious infant care is so demanding they felt unable to enroll enough other children to make the day care home economically viable. Therefore, it may be assumed that more homes would accept infants if a higher rate were charged, although no home reported a differential rate for infants. DSS pays a higher rate for infants and toddlers than for preschoolers in center care, but not in home care.

Because of the pattern of infant care in Detroit found in this study, and the general increase in the number of working mothers with very young children, it must be concluded that the care for 12.4 percent infants in the total licensed home population meets a small portion of the need. The great majority of infants needing care (the most vulnerable group of children) are in unlicensed situations about which nothing is known.

The smallest group of homes are those enrolling school-age children (27%). Only 13 percent of all children in day care homes are in the six and over age group. It may be assumed that these children generally attend school in the district of the day care home and thus, can truly use it in place of their own home before and after school. This small number suggests that the potential of family day care as a neighborhood resource for school-age children is not even being approached in Detroit.

Children Residing in the Family Day Care Home

To secure a complete picture of family day care, it is important to include the children, if any, living in the care-giving home - usually the caregivers' own children. The majority of licensed homes (62.2%) include the caregivers' own children--a total of 246 children. Almost half of all homes (42.7%) include children under six who live there; the majority (71.4%) have only one child. None of these homes includes more than one infant or more than one toddler. Table 27 shows the number of homes by ages of caregivers' children.

Table 27: Number of Homes by Ages and Number Per Home of Caregivers' Own Children

Number of Own Children in Each Home	Number of Homes by Age of Own Children							
	0 - 1 yr.		1 to 2-1/2		2-1/2 to 6		6 & over	
	No.	%	No.	%	No.	%	No.	%
Total	285	100.0%	285	100.0%	285	100.0%	285	100.0%
None	264	92.7	247	86.6	202	70.7	229	80.5
One	21	7.3	38	13.4	69	24.4	35	12.2
Two	0	0.0	0	0.0	14	4.9	14	4.9
Three	0	0.0	0	0.0	0	0.0	0	0.0
Four	0	0.0	0	0.0	0	0.0	7	2.4

In addition to the under six group, 90 caregivers have older children living with them. The majority (62.5%) have only one such child; fourteen homes have two and seven homes have four children in this age group.

The largest group of children living in the home (39.5 percent of all caregivers' own children) is the group from two-and-a-half to six. However, the number of children six and over is almost as great (36.6%). Table 28 gives the number of homes and the number of children by age who reside in day care homes.

Table 28: Number of Homes and Number of Own Children by Age of Own Children

Age of Own Children	Caregivers' Own Children			
	Homes		Children	
	Number	Percent	Number	Percent
Total	233	100.0%	246	100.0%
Under 1 yr.	21	8.9	21	8.4
1 - 2-1/2 yrs.	38	16.4	38	15.5
2-1/2 - 6 yrs.	84	35.8	97	39.5
6 yrs. & over	90	38.9	90	36.6

Table 29 presents a composite picture of both enrolled children and caretakers' own in relation to the total number of children per home.

In summary, data show that child care service is significantly more available for toddlers and for infants in family day care homes than in centers. As many homes provide care for toddlers as for children two-and-a-half to six. The total number of preschoolers served is 22.8 percent greater than the number of toddlers cared for since homes typically enroll only one toddler but often enroll more than one preschooler.

Almost one-third of all homes care for an infant as compared with the tiny percentage (1%) of centers. However, infants represent only 12.4 percent of all children in day care since homes typically enroll only one infant. Findings for this study and elsewhere concerning families' need for and use of infant care generally lead to the conclusion that most infants in day care are in unlicensed situations.

Table 29: Number of Homes by Number of Total Children Per Home Under and Over Age Six

Number of Children Per Home	Number of Homes with:			
	Only Children Under Six		Children Both Under and Over Age Six	
	Number	Percent	Number	Percent
Total	285	100.0%	285	100.0%
One	45	15.9	24	8.5
Two	59	20.7	56	19.5
Three	73	25.6	52	18.3
Four	63	22.0	70	24.6
Five	21	7.3	21	7.3
Six	14	4.9	42	14.6
Seven	0	0.0	3	1.2
Eight	7	2.4	7	2.4
Nine	3	1.2	0	0.0
Ten	0	0.0	7	2.4
Eleven	0	0.0	3	1.2

Finally, the smallest number of day centers (26.8%) offer care to school age children who comprise 13 percent of the total family day care population.

Total Number of Children

As previously noted, the total number of children cared for in licensed family day care homes in Detroit is approximately 1115. About 870 of these children are enrolled and about 245 are living in the homes, generally the caretakers' own children. Children one year to six constitute 74.3 percent of the total number of children served. The remaining 25.7 percent of children are divided almost equally between infants and school age children (refer to Table 24).

One aspect of home care which commends it to many families is its capacity to serve small numbers of children in a home-like atmosphere. Hence, the study asked about the number of children in each home; the great majority of homes (93.8%) care for from one to four children. The mean number enrolled is 2.6. For this study's target population, children under six, the range in number of children enrolled in any one home is from one to nine. In the few cases where this exceeds the licensed limit of six, it does not necessarily mean that more than six children are present at any one time.

Like day care centers, homes reported enrolled children older than six years. When data for all ages of children are considered, the range in numbers enrolled in any one home stretches from one to eleven. However, the typical range is the same; from one to four in 88 percent of all homes (refer to Table 26). The mean number enrolled is three children.

Looking at the caregivers' own children, the greatest number under six years in any one home is two. The greatest number in any one home is four if children of all ages are counted. The range in numbers of children cared for in any one home is not changed by the addition of the caretakers' own children. The typical range when caretakers' own children are included is from two to six for all ages with the mean being 3.9 children. For children under six, the typical range is one to four children and the mean number of children served in any one home is 3.2 (refer to Table 29).

Overall, the data show that most homes care for no more than a total of six children, including both enrolled children and the caretakers' own. Six is the limit set by DSS for family day care.

The significant fact is that the great majority of homes, especially those serving children under six, care for no more than four. Thus, it is clear that family day care homes in Detroit indeed provide care for young children in small groups in a home-like atmosphere.

Family Day Care as a Neighborhood Resource

The extent to which the day care home is within walking distance of the family served can be a major factor in determining its utility as a child care arrangement. Neighborhood accessibility becomes most important when the family must make arrangements for both preschool and school aged children. Therefore, each home was asked to give the number of enrolled children who lived within a four block radius. Twenty percent of all homes serve only children living within four blocks. Another 26 percent count half or more of their enrolled children living this close. On the other hand, more than a third (37%) of all homes enrolled no children living within four blocks.

Data from all homes indicate that approximately two out of every five children in day care come from the immediate neighborhood. For 40 percent of all children served, then, family day care functions as a neighborhood program. It is obvious that potential exists for building neighborhood family resource systems in which day care homes can play a significantly greater role.

Ethnicity

Data from family day care homes are similar to findings from day care centers in relation to the ethnic groups served. It appears that except for a very few homes caring for a Latino child, family day care serves predominantly black and white families. As noted before, this finding reflects the general ethnic composition of Detroit. Family day care shows a dramatically different picture from centers in the extent to which it includes both black and white children in the same home (11 percent integration for homes as compared with 54 percent for centers). As shown in Table 30, homes caring for only black children account for 75 percent of the total, whereas centers caring for only black children comprise only 38 percent of all centers. Similarly, a greater percentage of homes care for all white children than do centers. (Twelve percent of homes have all white enrollment; eight percent of centers.)

Table 30: Composition of Homes by Ethnicity

Ethnicity of Children	Homes			
	None		All	
	Number	Percent*	Number	Percent*
Black	38	13.4%	212	75.4%
White	216	75.6%	35	12.2%

*The percentages do not sum to 100 because some homes serve both black and white children and a few serve children from several ethnic backgrounds.

In looking at the number of black children cared for in homes, the range is from one to six children (see Table 31). However, 98.5 percent cared for no more than four black children. The range of white children, as shown in Table 31, is the same; however, the greatest number of homes care for only one child. The mean number of black children cared for is 2.10, and the mean for white children in each home is 0.44 - less than one child per home.

Table 31: Number of Homes by Ethnicity and Number of Children Enrolled

Number of Children	Homes that Care for:			
	Black Children		White Children	
	Number	Percent*	Number	Percent
None	38	13.6%	216	76.5%
One	70	24.7	35	12.4
Two	63	22.2	14	5.0
Three	56	19.8	14	5.0
Four	52	18.5	0	0.0
Five	0	0.0	0	0.0
Six	3	1.2	3	1.1

*One home did not respond.

In summary, more homes enroll black than white children; and the numbers served in any one home show a smaller number of white children than black. However, for both groups, the number cared for is typically four or less.

Service to Children with Special Problems

Paralleling the examination of care available in day care centers for children with special problems, family day care homes were asked to what extent they provided this care to their enrolled children. The categories listed were the same as for centers: physically handicapped, emotionally impaired, mentally retarded, learning disabled, and other.

As compared with 43 percent of all centers, only six percent of the homes indicate that they presently provide any service for children with special problems. In those that do, only one such child is enrolled, as is typical also in centers. The physically handicapped is most often cared for with the learning disabled next.

These comparative findings are not surprising when one considers the contrast between homes and centers as to space and equipment available. Further, day care home providers are generally alone with their children and, hence, there is less support available to handle more complicated care situations.

Despite these considerations, almost half of all homes (48.8%) indicate a willingness to care for children with special problems. About a quarter indicated that they are aware they would need special help to undertake such care. Most often mentioned are learning disability and physical handicap, although 15 percent indicate a willingness to care for children with special problems without specifying the disability. The mentally retarded and emotionally impaired are least often mentioned. Table 32 details the willingness expressed by homes to provide care for children with handicapping conditions.

Table 32: Number of Homes Expressing Willingness to Serve Children with Special Problems: by Problem

Type of Problem	Number of Homes	
	Number	Percent
Total	285	100.0%
None	146	51.2
Physical Handicap	17	6.1
Emotional Impairment	3	1.2
Mental Retardation	3	1.2
Learning Disability	32	11.0
Specified Help needed to care	32	11.0
Unspecified Willingness	52	18.3

The very small percentage of homes presently caring for these children may be a more realistic indication of capacity to serve than the expressed willingness. However, as with centers, the surprising number who do indicate willingness to try suggests a potential in the Detroit community for service to this special population, under favorable conditions of training and support, which warrants further exploration.

Unmet Needs -- Facilities Desired

Just as centers were asked what facilities and services they found inadequately met or not met at all, homes were asked to indicate the facilities or services they would like to find for children under six. Of those expressing a desire for additional services or

facilities, the majority mentioned parks, pools and play areas. The next most desired facilities are educational resources such as swimming, dance, music and other types of lessons. Cultural enrichment opportunities and organized groups are also mentioned, such as story hour at the branch library and clubs such as Scouts. More and better child care facilities and services for the handicapped also are suggested. Table 33 gives a breakdown of these requested facilities and services.

Table 33: Facilities and Services Desired by Family Day Care Mothers

Facilities and Services	Number of Homes	
	Number	Percent
Total	285	100.0%
Recreational Facilities	130	45.2
Educational Programs	31	11.0
More and better child care facilities	21	7.3
Cultural Enrichment	10	3.7
Services for the Handicapped	7	2.4
Clubs	7	2.4
Medical Services	3	1.2
Food and/or Transportation	3	1.2
None desired	66	23.2
No answer	7	2.4

Hours and Days Available for Care in Family Day Care Homes

The flexibility of homes as compared with centers is most dramatically shown in the total hours and days of care available and in variations in arrival and departure times. The total hours in any one day for which care is available ranges in day care homes from five to 17 hours. The maximum in center care is 12 hours.

While the majority of homes specify regular arrival and departure times, some state a willingness to have children arrive earlier or depart later. More homes state a willingness to have the children depart later (45%) than arrive earlier (39%). A number of homes specify that their willingness to extend hours is only in emergencies. Five percent of the homes say they would be willing to keep children overnight.

A relationship is found in homes between the stated hour of arrival or departure and the willingness to have children come earlier or stay later. Homes where children presently arrive as early as 4:30 to 6:30 a.m. are typically unwilling to allow earlier arrivals. Homes where the present arrival time is between 7:30 and 8:30 are more willing to allow earlier arrivals. Similarly, the later the present departure time, the more reluctance is expressed for allowing the child to remain later. The range in departure times was generally from 1:30 in the afternoon to 8:30 in the evening, although a few keep children as late as 11:30 p.m. Most homes stated that they wished children to leave by 8:30 p.m.

The largest number of homes (65.9%) provided care ten to 12 hours a day which is the maximum for centers (see Table 34). The average number of hours in a day care home is 10-1/2 hours. Most homes receive children between 6:30 and 7:30 a.m., with the average arrival time being 6:30. The earliest arrival time is 4:30 a.m. and the latest departure time is 11:30 p.m. In 95.2 percent of the homes, however, all children arrive before 8:30 a.m. The greatest number of children leave between 4:30 and 6:30 p.m. Most children are already in day care homes before most center children have arrived. For the parent who must be at work at 7:00 a.m. or earlier, or who works swing or late shifts, the day care home offers a much better chance of meeting the family's child care needs than does the day care center.

Table 34: Length of Day in Hours for Family Day Care Homes

Number of Hours	Number of Homes	
	Number	Percent
Total	285	100.0%
5 - 7 hrs.	17	6.1
8 - 9 hrs.	52	18.3
10 - 12 hrs.	188	65.9
13 - 15 hrs.	21	7.3
16 - 17 hrs.	7	2.4

Days of Care

Although most homes (87.8%) provide only five days of care, here again homes offer some flexibility in both the number of days and the possibility of Saturday and/or Sunday care. Already, 12.2 percent provide all or some weekend care. While a great majority (80%) of homes not now providing weekend care do not wish to provide it; 20 percent indicated that they can offer some weekend care. Among all homes, 13 percent indicated willingness to care for children both Saturday and Sunday. Overall, the majority of homes do not and are not willing to provide weekend care. However, some do and others are willing to do so.

In summary, it is clear that both in hours of care and days of care, the day care home, as expected, offers the most flexible and comprehensive day care arrangement available outside the family's own home.

Fees for Family Day Care

Fees range from $2.47 to $8.00 for a full day of care. As noted above, this "full day" ranges from five to 17 hours of care. The average charge is $5.80 per day. Fees per day are somewhat related to the number of hours provided, with homes providing only five hours, charging $3.00 and $3.30 per day. Refer to Table 35 for a breakdown of fees charged according to number of hours of care.

Overall, data show that the greatest number of homes (72%) charge from $5.00 to $8.00 per day. The overwhelming majority of these homes (83.1%) care for children from 10 to 17 hours a day. However, it is significant that 26 percent charge less than $4.50 and more than half of these provide from 10 to 17 hours of care. Most significant is the fact that half of the homes in this price range accept $3.30 per day - the standard DSS rate.

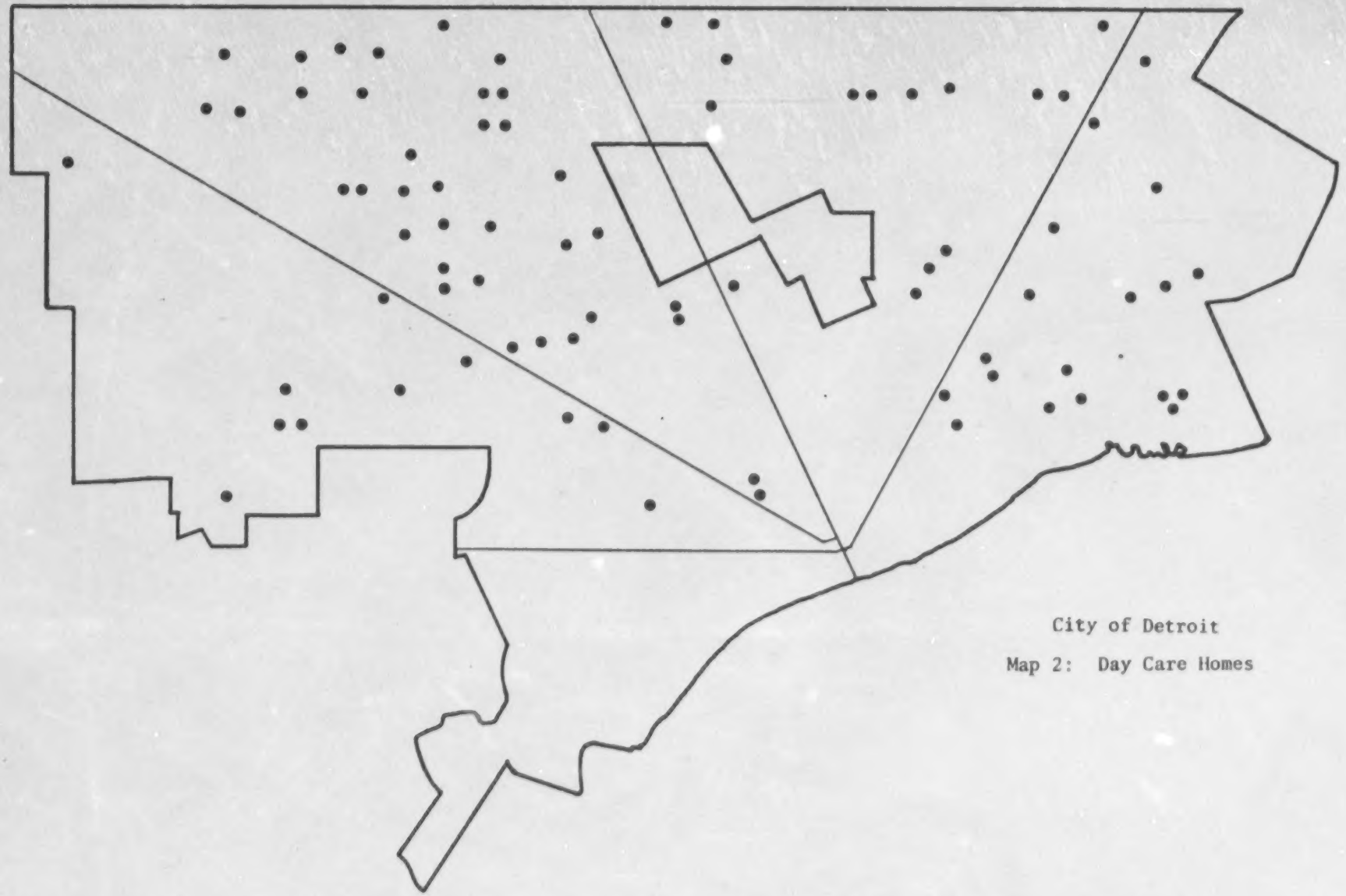
Sliding Fee Scales

Family day care is adjusting fees to family circumstances and income in 27 percent of the homes. This compares very favorably with the 15.4 percent of full-day centers which provide a sliding fee scale. About one-quarter of the homes with a sliding fee reduce the daily fee per child for multiple children from the same family. A few charge a lower sum per day if the child comes more days, and a few charge extra for food served.

Table 35: Charges Per Day by Hours Per Day

Hours Per Day	Charges Per Day											
	$2.47 - 3.00		$3.30 - 4.00		$4.40 - 5.00		$5.50 - 6.00		$6.25 - 7.00		$7.50 - 8.00	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Total	14	100.0%	59	100.0%	94	100.0%	76	100.0%	24	100.0%	14	100.0%
5 - 6 hrs.	3	21.4	3	5.1	0	0.0	0	0.0	0	0.0	0	0.0
7 - 8 hrs.	-	0.0	7	11.9	10	10.6	3	3.9	7	29.2	3	21.4
9 - 10 hrs.	8	57.2	25	42.3	31	33.0	25	32.9	7	29.2	3	21.4
11 - 12 hrs.	3	21.4	21	35.6	39	41.5	39	51.5	10	41.6	8	57.2
13 - 14 hrs.	-	0.0	3	5.1	14	14.9	3	3.9	0	0.0	0	0.0
15 - 16 hrs	-	0.0	0	0.0	0	0.0	3	3.9	0	0.0	0	0.0
17 hrs.	-	0.0	0	0.0	0	0.0	3	3.9	0	0.0	0	0.0

When comparing costs of Home and Center care, it appears that most family day care offers more hours of care at a lower rate than center care. The range in fees for center care is $3.75 to $9 per day for five to 12 hours; whereas, for home care it is from $2.47 to $8.00 for five to 17 hours. No center provides care for as low as the DSS home care rate of $3.30. An amazing 79 percent of all homes stated a willingness to accept children at the DSS $3.30 daily rate.



City of Detroit

Map 2: Day Care Homes

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C. Non-Functioning Family Day Care Homes

Rosemary Berkley

As previously discussed, the Michigan State Department of Social Services (DSS) total listing of active licensed family day care homes was used for this study. Therefore, it was surprising to both the study team and DSS to find that 34 percent were not functioning as family day care homes. This means that approximately 270[1] licensed homes were not engaged in child care services at the time of the survey. This significant number of potential child care providers whose services were not available prompted the study team to rapidly design a questionnaire in order to learn about them. An over-the-phone interview was conducted concurrently with the main study. The serendipitous results are discussed below.

The first question raised by the study team was whether these homes were non-functioning as the result of a high turnover rate or an unknown seasonal slack in child care needs. Neither proved true. The data show that these providers have not rendered child care services for some time (see Table 36). As a matter of fact,

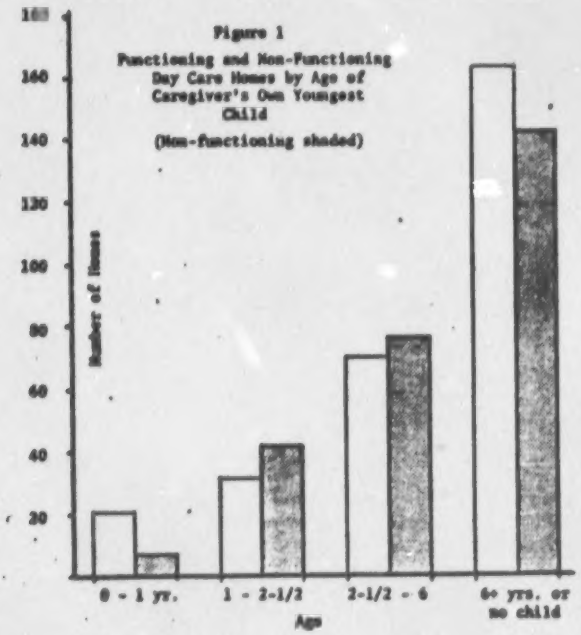
Table 36: Time Period of Non-Functioning Homes

Time Period	Percent
Total	100.0%
Less than 6 months	31.6
6 to 11.9 months	31.6
1 year to 1.9 yrs.	18.4
2 years or more	6.6
Never started child care	11.8%

almost 12 percent of these homes has never taken any children at all. even though they went to the trouble of obtaining a license. These non-functioning family day care homes, therefore, could not be characterized as ones having a high turnover or intermittent childless periods; they are not just "in between" children.

[1]This is based on a 3.48 expansion factor. See Methodology section.

A second hypothesis was that the non-functioning homes had young infants of their own which placed restrictions on their ability to render services. The age of the youngest child living the the non-functioning homes was examined as a possible factor (see Figure 1). The data show fewest children in the birth to one year category. Furthermore, when compared to homes currently rendering services (functioning homes), the non-functioning homes have surprisingly fewer children in this age category. Obviously, the hypothesis was not supported.



On the other side of the age continuum, providers whose youngest child is now of school age (six years and over) and those with no children of their own living at home, would seemingly have more options to pursue other interests or work situations and consequently discontinue child care services. The non-functioning homes did indeed have a majority of children (53.3%) in this child/age category. However, homes currently providing child care service also have a majority of children in this age group (57.3%). Therefore, the data show the age of a provider's own children apparently has little to do with why a home is non-functioning.

The providers were asked a number of questions to determine why they no longer provided care. As indicated in Table 37, 19.4 percent preferred doing other things with their time; 14.8 percent are working outside the home; 7.9 percent have personal difficulties independent of child care, and so on.

Table 37: Reasons for Discontinuing Child Care

Reasons	Percent
Total	100.0%
Personal Reasons:	(43.2)
Personal preference	19.4
Provider working	14.8
Unavoidable problems (independent of child care)	7.9
Couldn't afford to keep children	1.1
Child Related Reasons	(45.4)
Children left	22.7
No children available	14.8
Difficulties with parents	7.9
Bureaucratic Reasons	(9.1)
Changed to foster care	2.3
No referrals from DSS	2.3
Problems with DSS (other than lack of referrals)	4.5
Miscellaneous	(2.3%) (N=88)

The two types of responses which were of particular interest to the study team were: (1) twenty-two percent stated that the particular children cared for moved, entered school or were placed in other child care settings; and (2) seven point nine percent spoke of difficulties with the parents which resulted in discontinuing a child. Combined, these responses represent almost one-third of all responses. The common theme presented here is losing a child because of a particular circumstance or situation. If a provider, for instance, has two children and one, a problem child, is discontinued and the other enters school, what then prevents the provider from finding other children? Willingness to continue service would certainly be a crucial factor here. Perhaps these initial experiences were such that providers have chosen to discontinue child care service completely.

The group was questioned as to whether or not they wished to renew child care service. Slightly more than half (51.3%) of all non-functioning homes stated that they wanted to take children again. Consider the valuable resources defined by this information. If these non-functioning homes were to operate at maximum child care potential,[1] an additional 816 children in the Detroit community could be placed in these family day care homes.

In light of the child care potential unrealized in these homes, the responses this particular group gave as to why they are not taking children now are important to consider (see Table 38). There is a striking difference in responses between those interested in providing child care service and those who are not. As expected,

Table 38: Present Interest in Child Care by Reasons for Discontinuing Child Care

Reasons Discontinued Child Care	Present Interest	
	Yes	No
	(N=39)	(N=37)
Total	100.0%	100.0%
Personal Reasons	(27.8)	(58.3)
Personal preference	11.6	25.7
Provider working	11.6	18.7
Unavoidable problems (independent of child care)	4.6	11.6
Couldn't afford to keep children	--	2.3
Child Related Reasons	(63.0)	(27.9)
Child left	25.6	18.6
No children available	28.1	2.3
Difficulties with parent	9.3	7.0
Bureaucratic Reasons	(4.6)	(13.8)
Changed to foster care	--	4.6
No referrals from DSS	4.6	4.6
Problems with DSS (other than child care)	--	4.6%
Miscellaneous	(4.6%)	(--)

[1]Six children per licensed home as defined by the DSS.

there are fewer providers wanting children who discontinued service because of personal preference, work outside the home, or unavoidable personal situations. There is, however, a proportionately higher number of responses about losing a child because the child entered school or moved, etc., (25.6%) than the group not willing to take children again (18.6%). This particular reason for current non-service, as previously discussed, leaves unanswered the question of "why not take in other children?" So the significant number of responses (28 percent willing compared to 2.3 percent non-willing providers) which state there are "no children available," give a clearer picture of the willing providers' situation. Once having discontinued service, or finding their services not needed, many of the day care home providers who want to take children again apparently experience difficulty in finding them.

Therefore, it is interesting to note that only 4.6 percent of homes seeking children cite lack of referrals from the Michigan Department of Social Services (DSS) as a contributing factor in their current situation. The DSS is available as a referral source for all licensed family day care homes. However, the data show the majority of these non-functioning homes do not cite the DSS as a referral source at all, not even as a disappointing one. An assumption could be made that these non-functioning homes do not consider the DSS a practical resource option. A report by United Community Services of Metropolitan Detroit states that only 15 percent of Michigan's licensed homes are in the Detroit Metropolitan area, and that "the greatest licensing thrust (in the Detroit area) has been for day care centers, while homes have had a low priority."[1] As with any low priority situation, services are sometimes found wanting. This group of non-functioning homes seeking children, focuses attention on the need for an out-reach referral service by the DSS as a licensing agent. As a matter of pure economic practicality, the cost of processing and licensing a home for day care demands service of the DSS which will "protect the investment."

In summary, the providers in these non-functioning homes have taken considerable time to be processed by the DSS for licensing. None are taking children at the present time. As in any service capacity, some tried it and didn't like it - "it wasn't for me" - or circumstances prevented them from continuing service. More than half of the non-functioning providers, however, want children and many are having difficulty in finding them - a situation which the DSS needs to monitor.

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[1] "The Day Care Home," United Community Services. November, 1973, p. 24.

Considering the personal investment providers make in licensing their home, it would seem imperative for them to be in touch with other providers in the city. Group interaction and discussion of difficulties with parents and problem children or trouble filling "vacancies" would act as a support system to the isolated provider.

A question this situation also raises is, how many of the functioning licensed homes are operating to capacity. The data herein would indicate that possibly many are not. This study identifies space for a maximum of 816 children in currently non-functioning homes and raises speculation about more space available in functioning homes. Over half the working mothers in the State of Michigan live in the Detroit Metropolitan Area. Consequently, the need to utilize existing child care resources is urgent.

D. Detroit Board of Education Preschool Programs

Rosemary Berkley

Introduction

The Department of Early Childhood Education in the Detroit Public School System offers programs for children under age six. Included in these are: Title I preschools, Project Head Start, and Kindergarten. The Board of Education also offers Special Education classes for preschoolers and a prototype program for children under the age of three at the Detroit Parent Child Center.

These programs are collectively considered as child care arrangements because they are situations in which a parent can place a child under six years of age for designated periods during the day. The emphasis on development and education in these programs lends them to be viewed in a different light, perhaps, than more conventional child care settings.

Generally, parental motivation for use of these arrangements is for the child's development rather than parental interest (see Part III), although the parent's time is "freed up" during program hours as a result. As previously discussed, placing children in these child care settings puts an additional child care burden on working parents. All of these are part-day programs available only during the school calendar year; child care must be pieced together around program times. This fact is substantiated by the very low percent of families who use these types of arrangement. This is discussed in more detail from the viewpoint of the family in Part III. As a consequence, many private day care centers have incorporated nursery school and kindergarten programs into their operating hours.

Although the Board of Education programs for preschoolers may pose some child care problems for working parents, the programs do offer the convenience of location (usually the neighborhood elementary school) and the advantage of preschool social and educational development. Following are brief descriptions of these programs and a discussion of their utilization in the Detroit area.

Title I

Title I preschool programs for children ages three to five years are funded by Title I federal funds (Elementary and Secondary Education Funds) and housed in various elementary schools in the city. The

development of the young child - language abilities, values and attitudes toward self and others, and effective learning skills are considered of crucial importance in the Title I program structure.

The Title I program is for children of poverty level income families in school districts which have chosen to use their allocated Title I funds for this purpose. Using current Aid to Dependent Children (ADC) listings, and the 1970 Bureau of Census data, schools where the attendance area has a high rate of poverty level families are eligible as sites for Title I classrooms. As expected, this causes an uneven distribution of the programs across the city, with a concentration in the inner city area (see Map 3).

The program offers three hour sessions, three days a week which may pose additional child care difficulties for working parents as previously mentioned.

There are 1,160 youngsters enrolled in the Title I program throughout the city (see Table 39). This represents five percent of all children enrolled in publicly funded preschool programs in Detroit.

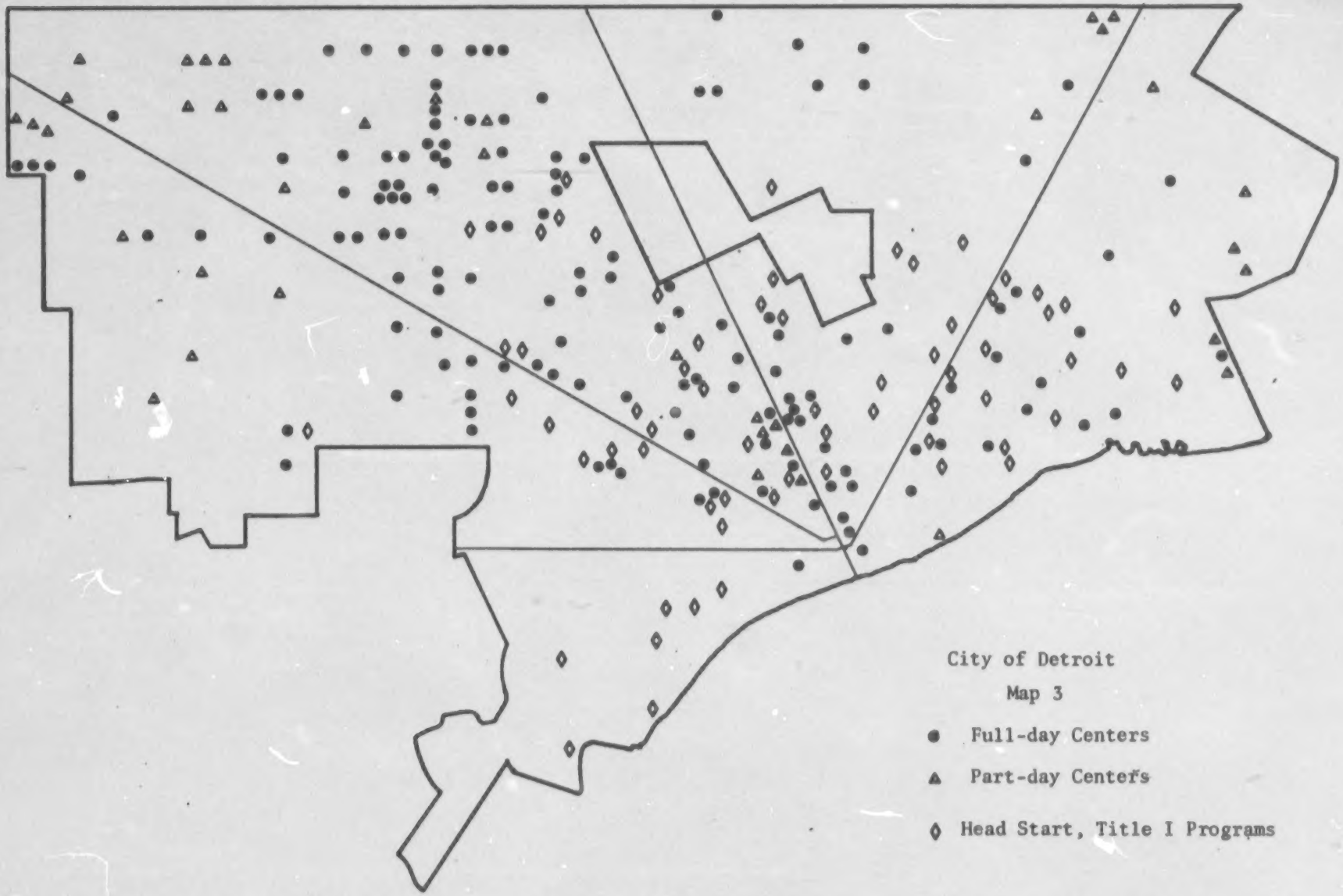
Table 39: Number of Children Attending Publicly Funded Preschool Programs and Kindergarten

Programs	Number	Percent
Total	23,004	100.0%
Title I	1,160	5.0
Head Start (Board of Education)	1,107	4.8
Head Start (Catholic Social Services)	619	2.7
Kindergarten	20,118	87.5

Head Start

The Head Start Project operates sixty-two classes in thirty-two public elementary schools, as well as eight classes under the auspices of the Catholic Social Services.

The Head Start Program, like the Title I Project, enrolls children from three to five years of age from poverty level families for three hours per session. The curriculum addresses itself to all aspects of


City of Detroit
Map 3
Full-day Centers
Part-day Centers
Head Start, Title I Programs

86

87

the child's growth and development. In addition, medical and dental services are provided to children in the program and families can receive assistance in such areas as housing and employment. A nutritional component of the Head Start Project provides the children with a snack and lunch which serves as one-third of a child's daily nutritional requirement. Parental involvement is expected in all programs.

Head Start programs are distributed in the inner city. The poverty areas once again, are the determinants of the geographic distribution of the programs.

Enrollment in the Public School Head Start Project is 1,107 children (see Table 40). The Community Head Start classes (Catholic Social Services) serve 619 children. Combined, these programs service 7.5 percent of all children enrolled in publicly funded preschool programs.

The Community Head Start program has approximately 12 percent fewer black children than Public School Head Start, and slightly more white and Spanish children (see Table 40). This, in part, may be accounted for by eligible Parochial Schools located in older European and Latino communities.

Table 40: Racial/Ethnic Composition of Preschool and Kindergarten Programs*

Race	Title I		Head Start (Board of Education)		Head Start (Catholic Soc. Serv.)		Kindergarten	
Total	1160	100.0%	1107	100.0%	619	100.0%	20,118	100.0%
Black	1102	95.0	1052	95.0	517	83.5	15,284	76.0
White	34	2.9	32	2.9	50	8.1	4,376	21.7
Spanish	22	1.9	21	1.9	51	8.2	381	1.9
Other	2	(a)	2	(a)	1	(a)	77	(a)

*As of May, 1976 (a) Less than .5%

Kindergarten

Although not commonly considered a child care option, the kindergarten year is not a mandatory year of schooling for five year olds. Therefore, it is considered a child care arrangement used to prepare a child for the first year of elementary school.

Of the 198 elementary schools in Detroit, 197 have kindergarten programs. There are, in addition, six middle schools with a kindergarten program. In total, the Board of Education offers kindergarten programs at 203 schools located across the city.

There are 20,118 children (see Table 40) in kindergarten programs which represents 85.5 percent of all children under six years of age in publicly funded educational and developmental programs in the city.

Parent Child Center Project

The Detroit Parent Child Center Project is a program under the aegis of Early Childhood Education and financed by Head Start funds, structured to meet the educational, developmental, health and psycho-social needs of children under the age of three. The staff works with both children and their parents and seeks to help family members identify their needs and utilize services of affiliated agencies.

The currently functioning center services families that fall within poverty guidelines and live within the designated project area. There are 102 children and their families currently receiving services at the center.

Special Education

The Special Education Department of the Board of Education offers programs for children who are identified as physically, mentally or emotionally health impaired.[1] These programs are available to children three years of age and older, with eligibility determined by an Educational Planning and Placement Committee. Included in these are developmental preschool and pre-primary classroom programs for ages three to five years in elementary schools, and Primary A classroom programs for five to seven year olds in elementary schools.

The developmental classroom program for preschoolers is a half-day program, five days a week; the Primary A classroom program hours are those of the regular elementary school day, five days a week.

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[1] This includes severely mentally impaired, trainable mentally impaired, educable mentally impaired, emotionally impaired, hearing impaired, visually impaired, physically or otherwise health impaired, speech or language impaired.

At the time of this study, there were 864 children under the age of six enrolled in the Special Education classrooms and programs in the City of Detroit. This enrollment figure represents a proportion, but certainly not all, children who are in need of Special Education services.

Summary

For parents of health impaired children, child care can be difficult to arrange and costly. These programs offered by the Board of Education certainly help alleviate child care problems for parents and provide these children with much needed professional guidance and training. The operating hours of these programs, as with the previously discussed Board of Education programs, pose problems for working parents who must make supplementary child care arrangements for the working day. In addition, the three-month summer recess is a factor parents must contend with in all Board of Education programs.

As with many publicly funded programs, Head Start, Title I and Special Education programs serve many fewer children than those actually eligible. The need for communication channels originating at the source of service and reaching out into the community is evident. The Board of Education is currently investigating "search" methods for identifying youngsters who are eligible for the programs it administers - with particular focus on children in need of Special Education services.

PART III: THE FAMILIES

A. Household Background

Margaret H. Stein Ronald C. Ropke

Introduction

This portion of the study describes the consumer and/or client of child care -- the Detroit households in which at least one child under the age of six resides. The focus is on how families cope with the problems of child care. In order to understand this in a manner that is useful for planning, the analysis relates their varied arrangements to household characteristics.

It is, therefore, logical to begin this portion of the study by describing these Detroit households, and specifically the mothers who act as the decision-making consumers. The reader is reminded that this description does not give a picture of Detroit residents. It relates to a specific group of city residents--only those households which contain a child under the age of six.[1]

Household Characteristics

These Detroit households have a mean size of 4.6 members. The distribution varies from two to 16 persons as indicated in Table 41. There are approximately 6670 households in Detroit which are composed of a single parent and her one child under six years of age. This is one type of family construct which is strongly suggestive of the need for child care.

A more detailed breakdown of household membership is provided in table 42. As the table indicates, just over 50 percent of the households are of the traditional nuclear family structure, namely head, spouse and minor children. The second largest type, 26 percent, consists of only a household head and minor children. "Secondary Family" in this table refers to household members who are not either spouses or descendants (children or grandchildren) of the household head. By far, the majority (93%) of these secondary families are

[1] A future report will compare the characteristics of these households with all other households in the city.

Table 41: Household Size

Number of Persons	Households	
	Number	Percent
Total	90,400	100.0%
Two	6,670	7.4
Three	21,680	24.0
Four	24,780	27.3
Five	15,960	17.6
Six	7,860	8.7
Seven	5,120	5.7
Eight	4,050	4.5
Nine	2,380	2.6
Ten & over	1,900	2.2
Mean household size	4.6	

Table 42: Household Composition

Head	Members				Number	Percent
	Minor* Off-spring	Spouse	Adult Off-spring	Secon-dary Family		
Total					90,400	100.0%
X	X				23,580	26.1
X	X	X			45,610	50.4
X	X		X		1,310	1.4
X	X	X	X		2,860	3.2
X	X			X	2,620	2.9
X	X	X		X	3,220	3.5
X	X		X	X	2,860	3.2
X	X	X	X	X	2,980	3.3
X				X	1,070	1.2
X		X		X	710	.8
X			X	X	1,790	2.0
X		X	X	X	1,790	2.0

*Under 18 years of age.

related to the primary family by blood or marriage. These secondary families occur in 19 percent of the households and they may or may not contain children. In six percent, or approximately 5360, of the households (the bottom four rows of Table 42, where no minor offspring is indicated in column 2) secondary families were the only source of "children under age six." Children under six were present in both a household's primary and secondary family in only two percent of the cases. These figures indicate that secondary families occur frequently enough so that they must be considered. Furthermore, they are different in some ways from the primary family, i.e. smaller family unit, more mobile, etc.

Nonetheless, it is not contradictory to state that the data as a whole reveal a lower incidence of large, extended family households than might be expected. The large family stereotype (usually black) in which caring for the younger children provides some adult (e.g., aunt, grantparent, etc.) in the household with a rewarding sense of usefulness, is shown to be just that - a stereotype with little empirical justification.

Table 43 provides another indication of the infrequency of extended family households. Cases with only two generations comprise 86 percent of the households, while those possibly containing a grandparent occur at a 12 percent rate.

Table 43: Number of Generations in Households

Generations	Households	
	Number	Percent
Total	90,400	100.0%
One	360	(a)
Two	77,770	86.0
Three or Four	11,200	12.4
Two or more not adjacent	1,070	1.2

(a) less than 0.5%

Another commonly held view is that older children usually are available in households to provide child care. Data from this survey, however, show that 39 percent of households with children under six have neither adults (besides head and spouse) nor other children over six years of age.

Most commonly (65%), households have only one child of age five or under, but those with two such children constitute a substantial 29 percent. Table 44 details the breakdown of this information.

Table 44: Households by Number of Children Per Household

Children Per Household	Household	
	Number	Percent
Total	90,400	100.0%
One	58,830	65.1
Two	25,730	28.5
Three	5,240	5.8
Four	360	(a)
Five	120	(a)
Six	0	0
Seven	120	(a)

(a) less than 0.5%

Table 45 indicates that 30 percent of these households are self-identified as white, 66 percent as black. Although better than 50 percent of Detroit's residents are black, these figures show an even greater proportion of black households with young children. The tendency of young white families to locate in the suburbs has resulted in an older white population, relative to blacks. Black families, for a number of reasons, tend to remain in the city. The effect of this uneven age distribution produces problems for those concerned with racial integration of child care facilities. The extreme of this is seen (with the added influence of income) in the Head Start and Title I programs discussed in Part II. At the same time, over half of the Day Care Centers enroll both black and white children (see Part II).

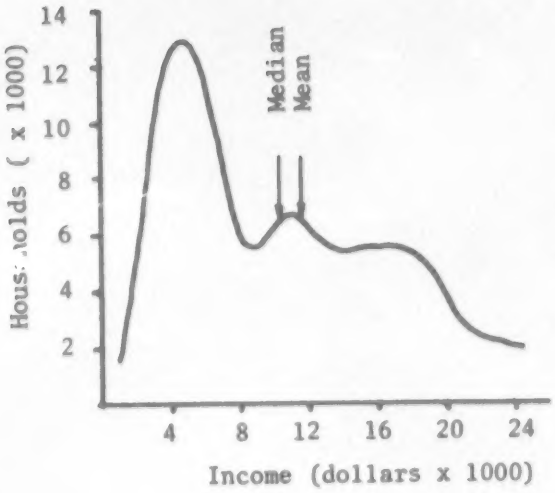
Table 45: Ethnicity of Households

Ethnicity	Households	
	Number	Percent
Total	90,400	100.0%
Black	60,030	66.4
White	27,040	29.9
Latino	2,260	2.5
Asian	1,070	1.2%

Household incomes are shown in Figure 2. (For detailed data, see Appendix B.) For those responding, the mean household income (from all sources) was $11,800 and the median was just over $10,000. As is typical of income distributions, the spread is not even; over 30 percent of the households had incomes of less than $6,000.

Figure 2

Household Income



In order to evaluate the incomes of households, a standard of poverty was obtained from Bureau of Census data for the year comparable to this study (Bureau of the Census: 1976). Table 46 provides poverty level incomes as abstracted from this source. When all households are compared to this standard, a poverty index is obtained using the same categories as in the National Consumer Childcare Study, (Rodes & Moore, 1975)

Table 46: Household Poverty Level

Number of Persons	Poverty Level Income/Year
Two	$ 3,617
Three	4,293
Four	5,500
Five	6,499
Six	7,316
Seven or More	9,022

The 34 percent of households that fall below the poverty level represent a significant challenge for child care planning (Table 47). An additional disturbing fact is that incomes of the next higher ten percent of households exceed the poverty level by less than 50 percent. When compared to the National Consumer Childcare Study,

Table 47: Poverty Index

Poverty Index	Households	
	Number	Percent
Total*	77,890	100.0%
Below Poverty	26,560	34.1
Poverty to 200% of poverty	19,060	24.5
Over 200% of poverty	32,270	41.4

*Missing cases - 105.

the poverty data presented here differ substantially. In their national sample, only 14.9 percent of households fell below the poverty line. Also, while the "Poverty to 200 percent of Poverty" category contains a virtually identical percentage as is reported here, the Rodes & Moore study found almost 61 percent of households in the highest category. These differences suggest that child care policy decisions based solely on national studies would result in seriously deficient efforts in some urban areas.

In describing households, there is often a tendency to overlook more "mundane" characteristics. Auto ownership is one such item, but transportation is an important factor in contemporary life. Particularly in an urban area such as Detroit, with its relatively modest public transit system, the availability of an automobile can strongly influence personal needs and choices, some of which involve child care arrangements. Almost one-third (30%) of these households have no car or truck.

When one considers society's expectations of a mother ... to take children to medical clinics for vaccinations and other health care, to take preschoolers who need care to quality places; to handle household chores such as bill paying and shopping; and to work if able to do so... the 30 percent of mothers without an available vehicle in a city with poor public transit are certainly cause for concern.

One overwhelming statistic from the households studied was the number reported to contain a member with a handicap or health problem. Nearly 23 percent had some person in the household with a "continuing health problem, limiting the kinds of activities he or she can do." This obviously can have tremendous implications for child care. Although mentioned here as part of the picture of these households, it will be discussed in a later section.

Since the source of data for this study was a multi-purpose survey, the preferred respondents were not necessarily those primarily responsible for the children. Thus, while most child care studies are able to selectively obtain female respondents for virtually all interviews, the "formal" respondent for the main body of this study was a female in only 79.7 percent of the cases.[1]

Similarly, while the National Consumer Childcare Study, like most studies, assumes its respondents to be "virtually" all "mothers," (Rodes & Moore: 1975, p. III-1) in the Detroit study, only 71 percent of respondents were the household members primarily responsible for the child(ren)... the "psychological mother" as described more fully below.

Another factor, aside from the multi-purpose nature of this survey, accounts for some of the difference in respondent composition between this and other studies. This second factor is the great concern in the Detroit study to identify roles of household members. It was very important to the research team that relationships between roles not be assumed; for example, the person primarily responsible for the children may or may not be the biological mother of the child or the head of the household. As a consequence, this study makes no assumptions concerning the respondents or household head. Figure 3 indicates the relationship between these two categories and the "psychological mother." It should be noted that the categories of "household head" and "spouse" were defined in the main survey according to Bureau of Census criteria. When the household heads are a married couple, the male is automatically assigned to the "head" category and the female to the "spouse" category. This designation was maintained herein to avoid double counts.

The major point indicated by these data is that the formal respondent was almost always (97.7%) the male or female household head. As

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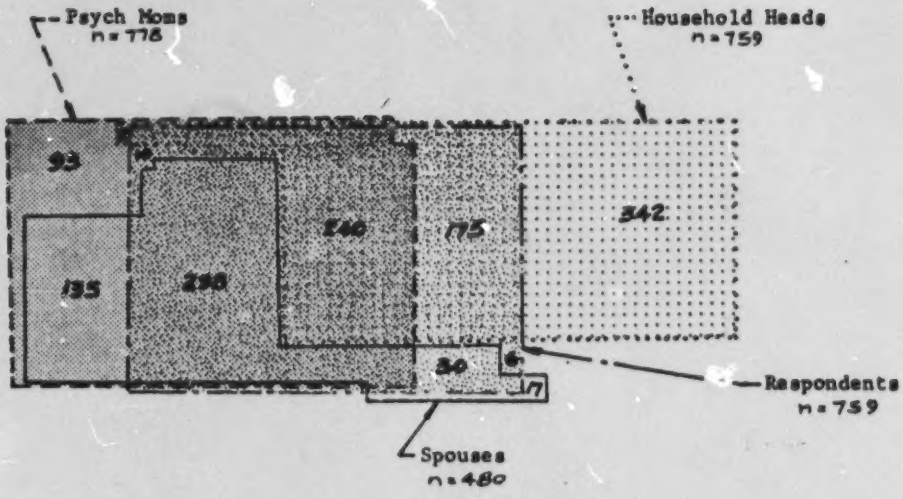
[1] Since interviewers were allowed to change respondents for the child-care supplement, the proportion of females involved was actually higher. See Part I, Methodology.

Figure 3

Sample - Breakdown of Significant Individuals



indicated by Figure 3 above, the same cannot be said for the psychological mother. The concept itself as applied to this study, needs further discussion before describing the characteristics of mothers of children under age six in the City of Detroit.

Psychological Mother[1]

The term psychological parent was suggested by Jean Curtis to describe the person who:

> ... is always mindful of, and feels a direct personal responsibility for, the whereabouts and feelings of each child, who knows what emotional supports they need, what size shoes they wear, what diseases they have been exposed to, who their teachers are...who their friends are, who the parents of the friends are, what their current nightmares are, and so on. (Curtis: 1976)

[1] Psychological parent, psychological mother, psych mother and psych mom will be used interchangeably.

The psychological parent has primary responsibility for the decisions and facilitating arrangements related to care of the child. Interestingly, almost no other empirical study uses the term psychological parent and none were found which analyze data in terms of this concept. Carolyn Stack in her interesting description of family life in a poor urban community, estimated that about one-fifth of the children were raised by "female kin."

> When and why kin become parents is a matter of folk rights and duties in relation to children. (Stack: 1974)

Keeping in mind the definition suggested by Curtis, the following criteria were used for choosing the psychological mother:

1) The psychological parent had to live in the same household as the children.

2) First priority was given to the biological mother; or, if no biological mother was present, to the female head of the household.

3) In order to systematically analyze roles, the father or male head or father substitute could be the psychological parent only if there were neither mother nor functioning mother-substitute in the household. Thus, all male parents could be analyzed as a group in the same way as all psychological moms were.

4) Only one person could be the psychological parent. Hence, if there was a choice to be made between female and male (mother or father, grandma or grandpa, etc.), the female was chosen for the above mentioned reasons.

In essence, the concept refers to the psychological mother and is used to analyze child care needs for children under age six in terms of the person responsible for that care. Psychological mother, again, is conceptually not necessarily the biological mother, nor the head of the house, nor the respondent for the questionnaire. Moreover, analyzing child care in terms of the psychological mother results in more psych mothers than households. In an attempt to be precise regarding roles and definitions, the analysis has become more complicated.

Hence, this study concludes that there are 92,660 mothers representing 90,400 households. This is because, while 88,730 households contain only one psychological parent for the children under age six who live in that household, 2,140 households contain two psychological parents, with each one responsible for his/her own kids. In one sample, (representing about 120 households) there are three psych mothers--again, each psych mom is in charge of his/her own kids. In all sample cases where there is more than one psychological mother per household, each is also the biological mother of the children in question.

It is obvious in looking at Table 48 that almost no psychological mother is a male[1] - hardly surprising in light of the criteria used for choosing psych moms. Almost all (97%) psychological mothers are also biological mothers of the children in question.

Table 48: Psych Parent by Relationship to Child

Relationship to Child	Psychological Mothers	
	Number	Percent
Total	92,660	100.0%
Mother	89,920	97.0
Grandma	1,900	2.1
Father	120	(a)
Aunt	480	0.5
Non-Relative	240	(a)

(a) less than 0.5 percent

This was quite surprising since it was anticipated that a much higher percentage of the psych moms would be grandmothers - especially given the general belief that a significant proportion of the poor inner-city (black) families are three generational, headed by a (matriarchical) grandmother--a belief which this data does not substantiate. While the number of grandmothers who are psych moms may be slightly underestimated, given the conservative criteria for choosing psych mom; nevertheless, even the very young mothers are significantly involved in the care of their own child(ren). Although one might question whether some of the biological mothers living in three

[1] The "non-relatives" are females.

generational households take total responsibility; there can be no doubt, based on the data, that they are significantly involved in the care of these children.

Two point nine percent of the psych mothers are neither biological mother nor father. In all such cases, the grandmother was defined as the psychological parent, and usually the biological mother did not live in the household. The grandmother bore responsibility for the child(ren)'s care and well-being; child care arrangements were made around the grandmother's schedule and availability and not around the mother's; the grandmother worried about the children, knew their illnesses and shoe size (Curtis: 1976).

Interestingly, the age of the biological mother was not a determining factor. For example, the 15 year old biological mother of a one-year old was determined to be the psych mom even though the baby's grandmother was the respondent, the head of the house, and not working because of child care. The key was in the child care arrangement: it was by the grandmother, but only five days a week from 8:00 a.m. to 3:00 p.m., when the mother was in school. That is, the baby was cared for to meet the mother's schedule; the mother was in charge the rest of the time.

Indeed, in those few cases in which a psych mom was not obvious, and a determination therefore had to be made between mom and grandmother, or other possible mother substitute, a review of the household composition, labor force data and child care arrangements usually served to indicate who was responsible for the care of the child(ren) in the household.

Given the fact that in 97 percent of the households, the psych mom and biological mom were the same person; the reader might well wonder why so much attention was given to the concept of the psych mom. The picture of the inner city grandmother (or aunt, etc.) taking charge of the children is so prevalent that it would not have been considered simply a myth with regard to Detroit families unless the study design had incorporated this concept.

Though psychological mothers ranged in age from 15 to 98 years; the median age was only 26.7 (see Table 49). Contrary to popular notions of the grandmother being in charge of her young daughter's children; 68 percent of our psych moms are under 30 with one in eight of these age 20 and under. Since we are dealing with children under the age of six, the fact that such a large percentage of psych moms are under 30 might not be surprising. Unfortunately, data on the remaining Detroit families, which would complete the picture, is not yet available.

Table 49: Detailed Breakdown of Age for Psych Mother

Ages	Number	Percent
Total	92,660	100.0%
Under 18	1,670	1.8
18 - 20	10,000	10.8
21 - 23	13,700	14.8
24 - 26	19,770	21.3
27 - 29	17,870	19.2
30 - 32	8,930	9.7
33 - 35	7,860	8.5
36 - 38	4 ,290	4.7
39 - 41	3,100	3.3
42 - 44	2,620	2.8
45 - 47	950	1.0
48 - 50	830	1.0
over - 50	1,070	1.1

Although the psychological mothers are relatively young, there is also a wide range of ages. There are 1,070 psych moms (1%) who are over age 50; one, in fact, is 98 years old. Both ends of the age continuum must be considered in evaluating child care needs.

Table 50 is a breakdown of psychological mothers by place of birth. One-third were born in Detroit; almost one-third were born in the South. That is, of all of the psych moms now living in Detroit with children under the age of six, almost as many were born in the South as were born here. In terms of child care, so large a group of psych moms from a culturally different region must have impact on child care usage in a large urban area such as Detroit.

Two-thirds of the mothers are high school graduates. In addition, over ten percent, or about 9880, are presently in school. Thus, in time, the two-thirds figure ought to be even higher.

Table 50: Birthplace of Psychological Mother

Birthplace	Number	Percent
Total	92,600	100.0%
Detroit	31,570	34.0
Other Michigan	19,180	20.6
South	29,890	32.5
Other U.S.	7,380	8.0
Canada	710	0.8
Spanish Country	600	0.6
Other Foreign	3,330	3.6

On the other hand, one out of every three psych moms has less than a high school education. This fact alone could be an impetus for providing easily available child care. Given the economic and marital structure in the United States today, there is a strong possibility that such mothers will look for employment while raising children. Without the high school degree, the job alternatives are minimal, especially when the burden of child rearing is included. Aside from

Table 51: Education of Psychological Mother

Last Grade Completed	Psychological Mother	
	Number	Percent
Total	90,870	100.0%
0 - 5th grade	950	1.4
6 - 8th grade	4,170	4.5
9 - 11th grade	23,940	26.3
12th - high school graduate	42,040	47.0
1 - 3 yrs. college	13,580	14.9
College graduate	4,050	4.4
Post college	2,140	2.3
	(N=763)	

the economic facts, one could argue that a high school education is necessary for child rearing per se in this complex and highly specialized society. It is significant that the psych moms in school now already have at least an eighth grade education. Thus, those most in need of schooling and/or training are not getting either. Data presented in the next section of this report indicate that some of these psych mothers would go to school if appropriate child care were available.

The employment status of a mother appears to be the single most important characteristic according to much of the child care literature. In fact, many studies of child care only consider working mothers. As indicated in Table 52, about 25 percent, or 22,630, of the psychological mothers in Detroit are employed. This is much lower than is true for the country as a whole. There are a number of contributory reasons for this. In the first place, much of the data refer to labor force status; the Detroit data classifies mothers who are not presently employed but looking for work as part of the "at home" category. Under any circumstances, this differing reference point would cause a loss in comparability; however, this was even more serious at the time of this study. By the end of 1975 and into 1976, Detroit had just past the peak of a major period of unemployment. Women, of course, were greatly affected by this and, although still part of the labor force, might well have large increases in unemployment. Supporting this is the fact that among the sources of income, 13.1 percent of the households contained some member who was receiving unemployment compensation. Furthermore, over one-third (36.3%) of the households receive Aid to Dependent Children or some other form of public assistance.* In essence, although the number of mothers who are employed (full and part-time) is less than found elsewhere, this is often not the result of a psych mom exercising her options and deciding she would rather stay at home. Instead, these are probably just the women who have the fewest options. Many will probably return to work as soon as possible.

Surprisingly, married psychological mothers are less likely to be at home and almost twice as likely to work full time as are their unmarried counterparts. Further, the proportion of married and divorced psych moms who work or are at home most resemble each other and are significantly ($p < .05$) different from the never married, widowed, and separated psych mothers. There is no apparent explanation for this. Interestingly, the "school" category has a different pattern in that almost three times as many unmarried as married psych moms are primarily in school. It should also be explained that earlier the point was made that ten percent or approximately 9880 psych mothers are in school, yet Table 52 shows 4880 (5.3%).

---

[1]Although this proportion may appear to be high, it must be remembered that these are selected households (not people). Since they always contain a young child, they are more likely to be eligible for assistance.

Table 52: Work Status by Marital Status for Psychological Mother

Employment Status	Never Married		Married		Separated		Divorced		Widowed		Total	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Total	17,980	100.0%	53,000	100.0%	12,860	100.0%	6,430	100.0%	1,910	100.0%	92,180	100.0%
Employed												
Full-time	1,910	10.6	11,910	22.5	1,190	9.3	1,670	25.9	120	6.3	16,790	18.2
Part-time	1,430	7.9	3,810	7.2	240	1.9	360	5.6	--	--	5,840	6.3
School	2,020	11.3	1,310	2.5	830	6.5	590	9.3	120	6.3	4,880	5.3
At Home	12,620	70.2%	35,970	67.8%	10,600	82.3%	3,810	59.2%	1,670	87.4%	64,670	70.2%
	(N=151)		(N=445)		(N=108)		(N=54)		(N=16)		(N=774)	

This apparent discrepancy is actually the result of two different types of information. Ten percent of the psychological mothers are now enrolled in school, at least on a part-time basis. But when asked about their labor force status, only half, or 5.3 percent, listed schooling as their primary activity. The remainder are made up of 2.3 percent who work while in school, and 2.4 percent who consider themselves "at home" but take some classes. Actually, twice as many married psych moms work full-time while also going to school as do their unmarried counterparts.[1]

Although not directly shown in Table 52, 19 percent of the psych moms have never been married, and for the most part (70%) they are "at home." In fact, for the purposes of child care, it should not be overlooked that more than two out of every five (42.6%) psych mothers do not live with a spouse (regardless of marital status).

As discussed previously, mother is frequently seen as synonymous with head of household. This study indicates otherwise; often she simply is not the female household head - she may be a daughter, sister, grandmother. As indicated in Table 53, the psychological mother is not the (female or male) household head in approximately 12,270 Detroit

Table 53: Household and Marital Status for Psychological Mother

Household/Marital Status	Psychological Mother	
	Number	Percent
Total	92,660	100.0%
Head	(80,390)	(86.8)
Married*	51,570	55.7
Not Married	28,820	31.1
Not Head	(12,270)	(13.3)
Married	2,020	2.2
Not Married	10,250	11.1

*This includes three percent living-together-partners (LTP) who in other data are classified as "never married."

[1]For this context and in the remainder of the analyses, whenever marital status is dictomized, "married" refers to married and living with spouse while "not married" or "unmarried" refers to all other categories: separated, divorced, widowed and never married; in essence not living with a spouse.

households. Further, by definition, these psych mothers do not live alone with their children - at least one other adult, the head, is also present.

In fact, about one out of four psychological parents who are single heads, live with another adult. Of course, it would be important to know whether these other adults are supportive of, or dependent on, the psychological mother in terms of child care needs. The point though, is that one ought not assume what the child care needs are for the so-called nuclear family without knowing a great deal more about household composition and the function of each member in terms of child care.

Children Under Six

At the time of this study there were approximately 128,870 children under six years of age living in the City of Detroit. Although the racial composition was not determined for the children themselves, a tabulation of the number of children living in households of a given race is provided in Table 54. It is assumed that

Table 54: Ethnicity for Children

Ethnicity	Children Under Six		
	Number	Percent	Per Psych Mother
Total	128,870	100.0%	1.39
Black	84,210	65.4	1.36
White	39,300	30.5	1.44
Latino	4,050	3.1	1.70
Asian	1,310	1.0	1.22

the child's race will differ from that ascribed to the family in only a few cases.

An interesting fact emerges when one divides the number of children by the number of psychological mothers for the racial categories. Psychological mothers of black households have fewer children under six than any of those of white or Latino groups ($p < .05$).

This is certainly not true of the general population in the United States. This might be explained by two separate or interacting factors: (1) These are only households which contain children under age six; a later analyses will examine this data for Detroit households with children of all ages, and (2) there is a definite socio-economic bias in data from the City rather than the metropolitan area. The city contains a much greater proportion of the area's higher socio-economic black families than it does of the area's higher socio-economic white families.[1]

There are, at a minimum, 40,610 children under age six in Detroit who live in households below poverty level. As indicated in Table 55, this includes one out of every three of the city's children. The generally held assumption that lower income families have more children is partly substantiated by this data. Those households with

Table 55: Number and Rate of Children by Household Poverty Index

Poverty Index	Children		
	Number	Percent	Per Household
Total	111,480	100.0%	1.43
Below Poverty	40,610	36.4	1.53
Poverty to 200% Poverty	28,580	25.6	1.50
Above 200% of Poverty	42,290 (N=936)	38,0	1.31

lowest incomes had the highest average, but even at poverty to 200 percent of poverty, a relatively high 1.50 children per household was found. Not until above the 200 percent level did a dramatic reduction in the average occur. As higher numbers of Detroit's preschool youngsters continue to be associated with depressed household incomes, the importance of subsidized child care will grow.

[1] In general, birth rates are strongly associated with socio-economic level.

In Detroit, at the time of this study, 21.6 percent or 27,870 children under age six had psychological mothers who were employed. The fact that this number is smaller than for the country as a whole has been discussed. It does, however, focus on some of the concerns

Table 56: Number and Rate of Children by Work and Marital Status of Psychological Mother

Work/Marital Status	Children		
	Number	Percent	Per Psych Mother
Total	128,870	100.0%	1.39
Employed			
Married	19,770	15.3	1.26
Not Married	8,100	6.3	1.17
In School			
Married	1,910	1.5	1.45
Not Married	4,290	3.3	1.23
At Home			
Married	53,000	41.2	1.46
Not Married	41,800	32.4	1.44

surrounding children and child care. If the number of children whose mothers are employed decreases, much of the child care literature would assume the need for child care decreases accordingly. Yet, this is related to an increase in unemployment, ADC mothers, below poverty families and all that accompanies these factors. Certainly there can be no children who need quality child care and no mothers who need intermittent relief from the pressures of child rearing more than these groups.

This issue is discussed by the National Advisory Committee on Child Development:

> Children and families at risk fall into two broad and overlapping categories:
>
> 1. Families in which those adults primarily responsible for the care of children are employed, especially if on a full-time basis

2. Families living under the most severe economic and social stress, including those families above the poverty level who are ineligible for benefits and services available to low income families but who still do not have enough money to purchase those services

Families at high risk lie at the extremes and intersections of the above two areas of need.

In order to obtain some enumeration of American children and families "at risk," the Council created a table estimating the crucial factors. Table 57 uses the same format (as much as possible) for Detroit data. Consistent with interpretations made by the Advisory Committee on Child Development, families with incomes below $5,000 are designated "low income." Numbers of children in the three left most columns are part of such households in Detroit. Children with the highest likelihood of needing subsidized child care occur in the upper left cells of the table; and those with least potential need, in cells to the lower right. Those to the left of the solid line are, in the National Research Council's terms, "high risk" children, while a second, less needy group, termed "at risk" is found between the solid and broken lines.

According to this analysis, 28,000 or 25 percent of Detroit children under age six are at "high risk."[1] Adding to that, another 17,390 children "at risk," one reaches the overwhelming fact that, given a conservative estimate, approximately two out of every five children in this age group are classified as "at risk."[2]

In summary, 21.2 percent of all Detroit households have at least one child under age six; there are approximately 128,870 children in this age group. Black households outnumber those of all other racial groups combined by a two to one margin.

Typically, the household consisted of a head and minor children, and usually a spouse as well. Children under six were present singularly or in pairs, very seldom in greater numbers. Half of all

---

[1]These estimates are conservative because of the large number of families for whom there is no income data and, therefore, could not be included in this analysis.

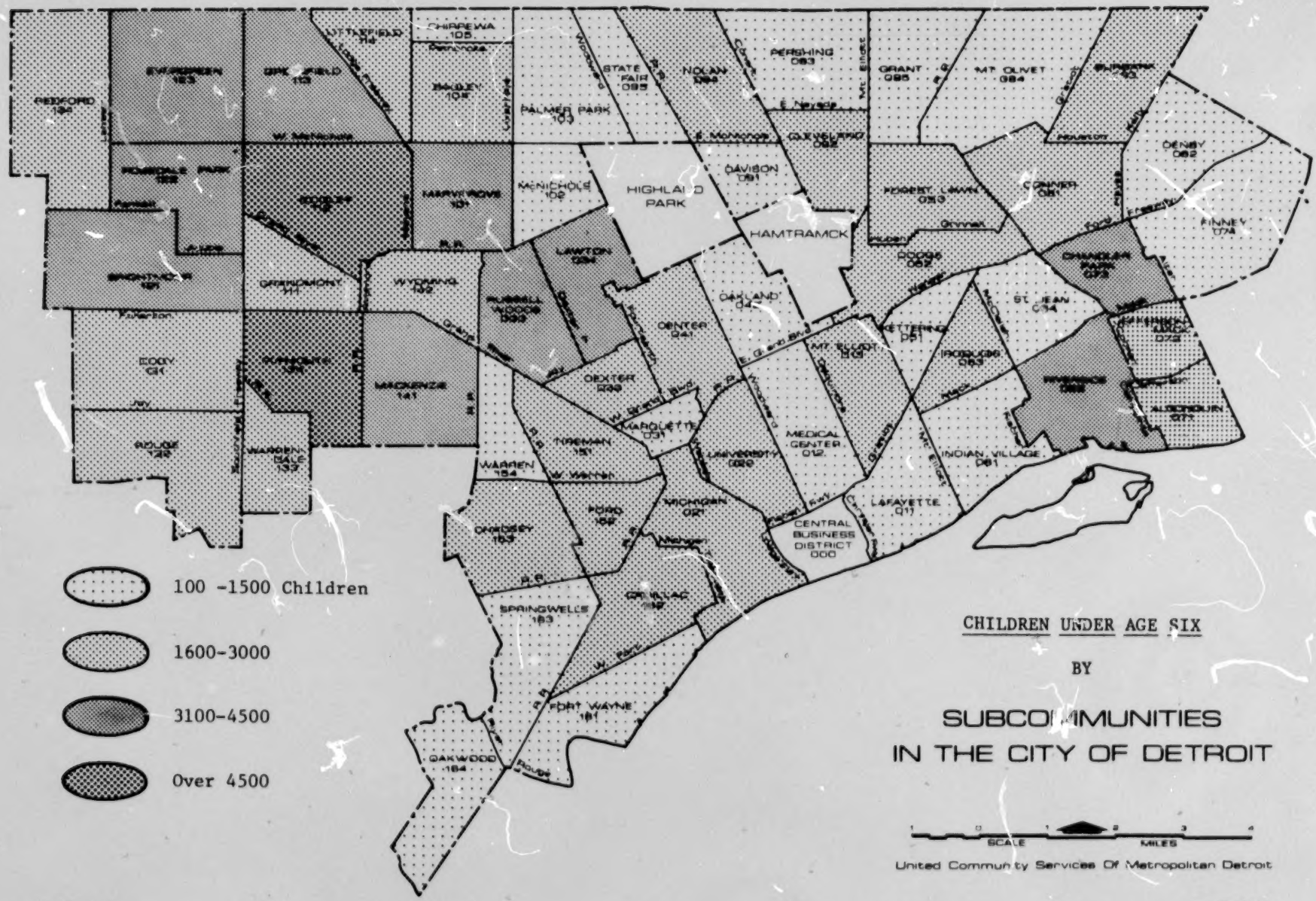
[2]This appears to be a higher proportion than found in the nation as a whole. The secondary data seems to indicate that, at a national level, there are about 20 percent at "high risk," and another 11 percent "at risk." The low employment rate among Detroit mothers, makes this comparison even more meaningful with regard to income.

Table 57: Children Under Six by Household Income and Employment Status of Psychological Mother

Employment Status of Psychological Mother	Yearly Household Income (dollars)									
	Under 3,000		3,000 - 5,000		5,000 - 7,000		7,000 - 10,000		10,000 & Over	
	No.	%	No.	%	No.	%	No.	%	No.	%
Total	5,840	100.0%	20,130	100.0%	16,320	100.0%	13,340	100.0%	41,820	100.0%
Working										
Unmarried	600	10.2	1,070	5.3	950	5.8	1,190	8.9	2,860	6.8
Married	240	4.1	0	0.0	480	2.9	950	7.1	1,560	3.7
At School										
Unmarried	480	8.2	1,310	6.5	600	3.6	710	5.4	950	2.3
Married	120	2.0	240	1.2	0	0.0	240	1.8	830	2.0
At Home										
Unmarried	4,040	69.4	14,890	74.0	10,360	63.5	4,760	35.7	3,570	8.5
Married	360	6.1	2,620	13.0	3,930	24.1	5,490	41.1	32,050	76.6
(N=936)										

households had incomes less than $10,000 per year, and better than one-third were below the poverty level. While only one-quarter of the mothers were employed, two out of five children were considered "at risk."

These characteristics bear heavily on child care needs. The following section describes how these families cope with the problems and available alternatives of child care.


100 -1500 Children
1600-3000
3100-4500
Over 4500
CHILDREN UNDER AGE SIX
BY
SUBCOMMUNITIES
IN THE CITY OF DETROIT
SCALE
MILES
United Community Services Of Metropolitan Detroit
HIGHLAND PARK
HAMTRAMCK
CENTRAL BUSINESS DISTRICT 000
MEDICAL CENTER 012
INDIAN VILLAGE 081
LAFAYETTE 011
OAKWOOD 184
FORT WAYNE 181
SPRINGWELLS 183
CADILLAC 182
ONDERDONK 153
FORD 152
MICHIGAN 021
WARREN 154
TIREMAN 151
MARQUETTE 031
DEXTER 032
CENTER 041
OAKLAND 042
MACKENZIE 141
WARDEN-DALE 133
ROUGE 132
BODY 131
GRANDMONT 111
WYOMING 112
RUSSELL WOODS 033
LAWTON 034
MANCHOLE 102
MARYWOOD 101
BAGLEY 105
CHIPPEWA 106
PALMER PARK 103
STATE FAIR 035
NOLAN 034
PERSHING 083
GRANT 085
MT. OLIVET 084
DENBY 082
FINNEY 074
CHANDLER PARK 073
ST. JEAN 054
ROOSEVELT 053
CONNER 051
ROOSEVELT 052
KETTERING 051
IROQUOIS 063
MT. ELLIOTT 062
ALGONQUIN 071
REDFORD 134
EVERGREEN 123
OAK FIELD 113
LITTLEFIELD 114

B. Child Care Arrangements

Introduction

This section attempts to look at The Children by describing and examining the activities involving child care. It is a description of the type of arrangements psychological mothers make for substitute care, the purposes, length of time, costs and perceived alternatives. It is assumed that out of these details will emerge the patterns of child care problem solving.

Types of Child Care Arrangement

The broadest definition of child care used in this study includes any care by someone other than the psychological mother, including care by the father, the child alone, or other members of the immediate family. It includes care for the most minimal period of time, "an hour or so." There are a number of studies which do not include the immediate or nuclear family as providers, certainly not the father or, more accurately, the spouse of the psychological mother. After all, it is expected that the father cares for his child. Besides, the main function of many studies is to determine the level of need for external formal child care. But there are a number of fallacies connected with this reasoning. First is the actual relationship of these people which was discussed in greater detail in the previous section. This includes the distinction between the father and the spouse of the mother. Second, perhaps some believe that the father "should" care for the child but that is a complex and debatable question involving the general area of family and parenting. This study is concerned with what does exist. Furthermore, if present data is to be used to obtain future trends, the role of family members in child care must be examined in the light of changing family roles.

As indicated in Table 58, there are 3.6 percent of the households in which no one but the psychological mother cares for the child. Although this is a smaller proportion than found in a recent national study (11.3%), the questions were similar, asking for usual usage (Rodes and Moore: 1975). The differences may reflect the very comprehensive definition of child care arrangement utilized in this study as well as the large number of households with only one child under the age of six (65.1%).

Most people utilize very few child care arrangements. Seven out of ten families use not more than two different types of arrangements. This of course, refers only to "type" of arrangements, not

Table 58: Number of Child Care Arrangements Used by Households

Number of Arrangements	Number	Percent
Total	90,400	100.0%
None	3,220	3.6
One	28,700	31.7
Two	34,420	38.1
Three	16,200	17.9
Four	6,670	7.4
Five	1,070	1.2
Six	120	0.1
Mean	2.0	

to how many times in a week the arrangement is used. In other words, if the child goes to a day care center five days a week on the same schedule, it would be counted as one arrangement. If either his/her schedule or type of arrangement changes, it would be considered as multiple arrangements.

Table 59 lists the categories of child care providers used throughout this study. A more specific distinction is to be found in Appendix B and in a few other tables. The category "spouse," although generally the father of the child, is defined as the present resident husband of the psychological mother. Providers were assigned to the "relative" or "non-relative" categories on the basis of their relationship to the child(ren). The in-home and out-of-home categories use the child's home as reference point.[1]

[1] Less than 0.5% of the child care arrangements were that of a father not living in the home, who took care of the child in the child's home. These were categorized as "father: out-of-home" and later subsumed under "relative: out-of-home."

The two reported arrangements where the child stayed alone are grouped with relative in home care service; there were not enough to maintain a grouping alone. This category is probably much under reported; it is such a casual and irregular child care arrangement that mothers may forget to mention it. Some also leave small children alone, but are uneasy about doing so and, therefore, hesitate to mention it. The fire department, police and hospitals can well attest to the numbers of small children left alone. Although it cannot be

Table 59: Type of Child Care by Households and Children

Type of Care	Households		Children Under Six	
	Number	Percent	Number	Percent
Spouse	33,350	36.9%	45,970	35.7%
Relative				
In-home	39,900	44.1	58,120	45.1
Out-of-home	38,710	42.8	53,000	41.1
Non-relative				
In-home	16,440	18.2	24,530	19.0
Out-of-home	19,290	21.3	25,960	20.1
Formal Care	9,770	10.8	11,180	8.6
Kindergarten	14,770	16.2	14,770	11.5
Total*	(N=759)		(N=1082)	

*Sum is greater than 100.0% because of multiple responses.

analyzed in this study as a child care arrangement because of gross under-representation, it should not be ignored. Preschool children left alone "for just an hour or so," are the most extreme symbol of the need for reasonable options.

Since so few households specified programs for their children, these were grouped together into "formal care." This includes Head Start, Title I programs (less than 1%), day care centers (1.7%) and those reported as nursery school, co-op nurseries, etc., (8.7%). Because of the size of the group reporting kindergarten attendance, they remained separate.

If all arrangements are included, the most commonly used by households is a relative (other than mother or father). As indicated in Table 59, there is little difference in the proportion of relatives who provide care in the child's home as compared to the relatives who provide care elsewhere.

It is interesting to note that although the father or spouse of the mother is considered a provider, he is not utilized as often as "other relatives." Of course, there are a large proportion (41.1%) of the mothers who do not have spouses. But, as previously discussed concerning the rationale for including the spouse (or father) as a separate provider, there are a number of households in which either the father spends so little time at home or in which it is defined as inappropriate for the father to "babysit." As a matter of fact, in two out of every five houses in which there is a spouse, he does not act as a provider.

With regard to the non-relative, Table 59 indicates that there is little difference in the proportion of care in the child's home and elsewhere. Unfortunately, there is no way the group which is "licensed family day care home" providers can be separated to compare with the data analyzed in Part II of this report. In fact, it is an interesting commentary that it was impossible to obtain valid data from mothers; they do not necessarily know, or care, whether or not the provider is licensed.

What seems most outstanding about the child care providers, is the very large proportion of Detroit children under the age of six who leave their homes in order to receive supervised care. Another factor which should be noted is the similarity in distribution between the households and the children with regard to type of child care. This is true for most of the data.

Like that found in other studies, Detroiters apparently distinguish between nurseries, day care centers and other programs on the basis of their reason for using the facilities and the number of hours the child care arrangement is used. "Day Care" is reported almost exclusively when the care is for thirty hours or more a week even though a number of centers will take children for less hours. Obviously "formal" care of any type (aside from kindergarten) accounts for a very small proportion of the child care.

When Detroit is compared to data from other areas whether it be national data (Rodes and Moore: 1975) or various studies of needs analysis in more prescribed areas (Ruderman: 1968; Rowe, 1972; Peters, 1973), the differences are quite extensive. Unfortunately, the group varies so from study to study that it is difficult to know the degree to which the Detroit population is "unique" and the degree to which the differences are due to the variation in population analyzed. Thus, few comparisons will be made in the remainder of this report except to examine and note the characteristics which seem to be influential regarding changes in child care arrangements.

A case in point is the fact that the Detroit data indicate that a most important element regarding the type of child care provider is to be found in household composition. Of these relatives who care for the child in the child's home, one half do not live there but, instead, come to the home to provide care. Obviously, for Detroit families in general, other members of a child's household play a small role as providers of child care. Of course, only 28 percent have extended families living in their households.

Table 60 indicates that if there is another adult[1] (besides parents) in the home, it makes a significant difference in the type of provider chosen. Very simply what this means is that, if the household is composed of an extended family, other adults in the home will be utilized for about three out of four child care arrangements. Without this extended adult family, children are taken to relatives about 50 percent of the time; the remaining difference is in the use of non-relatives. Another interesting difference indicated in Table 60 is the use of the spouse. This is probably due to two

Table 60: Type of Care by Presence of Others in the Household[a]

Type of Care	No Others	Other Adults[b]	Other Children	Other Adults & Children
Spouse	43.1%	17.5%	42.2%	18.1%
Relative				
In-home	29.0	72.5	35.0	84.1
Out-of-home	56.9	27.5	43.7	15.9
Non-Relative				
In-home	21.2	7.5	24.3	5.1
Out-of-home	24.6	16.2	22.4	12.3
Formal	11.1	8.8	12.9	7.2
Kindergarten	11.1	11.2	23.2	18.1
	(N=297)	(N=80)	(N=263)	(N=138)

[a]Sum is greater than 100.0% because of multiple responses.

[b]Other adults are defined as persons age sixteen or more.

factors. First, where there is an extended family, the psychological mother is less likely to have a spouse. Secondly, even if there is a spouse, he obviously is used as a provider less often if other household options are available.

[1]For this variable, adults were defined as persons aged sixteen and over.

One must remember that this study describes what exists, not necessarily what psychological moms or their children need or desire. In general, the relative who lives in the home is a flexible, inexpensive, "on-call" provider; the convenience of such an arrangement is incomparable. It may or may not be the most desirable, however, for the provider, mother or child. To obtain reliable data concerning that crucial factor, necessitates a different study design.

This is "a case in point" because although the extended family becomes a strong indicator of child care arrangements in Detroit there is little data describing this factor for other populations. One does not know whether this is because the extended family is not relevant in other geographic areas or because the data was not collected and/or analyzed this way. This author assumes it is the latter. Furthermore, one cannot assume, as some studies do, that a relative who takes care of a child in the child's home is synonomous with extended family. Table 60 indicates that even where there are no other persons besides parents and child under six living in the home, three out of ten arrangements are of the "relative in-home" type. That is, these are relatives who come into the child's home.

In fact, only 13 percent of the households satisfy all their child care needs by using only households' relatives as providers. It is evident that most households need some outside support to care for their children.

Much data in other cities indicate that employment and marital status of the mother are major determinants of the amount and type of child care. Table 61 indicates that this is also true of the Detroit families, although there appears to be confounding factors. For these women the differences due to marital status are not very great except for where relatives are used. That is, mothers without spouses use relatives in their own home much more often than mothers with spouses.

Employed women use a non-relative in the home much more often than women who are not employed, but in both cases marital status becomes a crucial factor;[1] it may well be a reflection of income - the use of a "babysitter." Certainly, in general, the use of non-relatives and formal paid care is related to employment; probably not simply because the employed person has more money to spend on this type of care, but because the reason (work) for using child care is considered "essential." This becomes more evident if one looks at the distribution of these potentially expensive child care

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[1] Employment includes both part and full-time work. The married category refers to those who are married and living with a spouse; all other alternatives are classified as not married.

Table 61: Type of Care by Employment and Marital Status of Psychological Mother

Type of Care	Employed				In School				At Home			
	Married		Not Married		Married		Not Married		Married		Not Married	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Spouse	9,290	59.1%	--	--	950	72.7%	120[a]	3.2%	22,510	61.2%	240[a]	0.8%
Relative												
In-home	5,240	33.3	3,930	56.9%	480	36.4	1,790	48.4	15,720	43.4	14,770	51.2
Out-of-Home	7,620	48.5	2,260	32.8	240	23.2	1,670	45.2	16,790	59.2	10,480	46.4
Non-Relative												
In-home	3,690	23.5	950	13.8	120	9.1	240	6.5	9,170	25.3	2,500	8.7
Out-of-home	4,400	28.0	2,020	29.3	360	27.3	710	19.4	7,380	20.4	4,400	15.3
Formal Care	3,100	19.7	1,550	22.4	600	45.5	710	19.4	3,330	9.2	710	2.5
Kindergarten	2,260	14.4	1,070	15.5	360	27.3	600	16.1	4,760	13.2	6,190	21.5
	(N=132)		(N=58)		(N=11)		(N=31)		(N=304)		(N=242)	

[a]These are living together partners.

modes for mothers in school. Although the school mother uses a non-relative and formal care less than the employed mother (regardless of marital status) she uses them more than the mother who is neither in school or working. In general, it appears that the mother who goes to school chooses less expensive providers (relatives). Interestingly enough, the use of spouses is about the same regardless of employment status.

As indicated in Table 62, the use of non-relatives in the home and formal care becomes clearer when one looks at income. Care which costs money is used by those who can afford to pay; paying for child care is not assumed to be a necessity when money is scarce. Non-relatives in the home and formal care both cost money. The difference

Table 62: Type of Care by Poverty Line for Households

Type	Households					
	Below Poverty		Poverty to 200% Poverty		Over 200% Poverty	
	No.	%	No.	%	No.	%
Spouse	2,860	10.8%	7,500	39.4%	17,630	54.6%
Relative						
In-home	11,910	44.8	9,530	50.0	13,340	41.3
Out-of-Home	10,720	40.4	7,150	37.5	16,080	49.8
Non-Relative						
In-home	2,500	9.4	3,450	18.1	8,690	26.9
Out-of-home	5,600	21.1	3,570	18.8	7,380	22.9
Formal Care	1,430	5.4	1,070	5.6	6,070	18.8
Kindergarten	5,240	19.7%	3,220	16.5%	3,930	12.2%
	(N=223)		(N=160)		(N=271)	

in spouse as a provider is really a function of marital status as related to income rather than child care per se. That is, poorer women are less likely to have a spouse at all; therefore, spouse is more often the provider for the higher income group. On the other hand, significant relationship between income and the use of kindergarten seems strange at first glance. However, again it is undoubtedly an indication of daily care costs. Women with little money are more likely only to use child care providers when they are free; they will do their errands and social activities while their child attend kindergarten.

The child care providers for white and black families are similar with the exception of a few very significant differences. The fact that the white mother was more likely to still be married is reflected in the use of spouse as a provider (see Table 63). The use of kindergarten and non-relatives in the home are basically a reflection of income rather than ethnicity per se.

In general, neither the number of children under six who live in the household nor the age of the child appear to make any difference in the type of provider used. Although the data is not shown here, the only difference is that three-fourths of those who use any form of formal care have only one child below six in the household. This is probably a reflection of cost as well as the fact that if one must make an arrangement for one child too young for formal care, the same provider might as well be used for both children. This assumes, of course, that "taking care of the child" is the main reason for the arrangement.

As indicated in Table 64, the age of the child makes little consistent difference in the type of care except where one would expect. Of course, formal care and kindergarten are significantly related to the child's age.

Table 63: Type of Care by Family Ethnicity

Type of Care	White		Black		Latino		Asian	
	No.	%	No.	%	No.	%	No.	%
Spouse	15,240	56.4%	16,200	27.0%	1,190	52.6%	710	66.7%
Relative								
In-Home	12,390	45.8	26,200	43.7	1,070	47.4	240	22.2
Out-of-Home	12,860	47.6	24,650	41.1	1,070	47.4	120	11.1
Non-Relative								
In-Home	9,770	36.1	6,550	10.9	0	0.0	120	11.1
Out-of-Home	5,840	21.6	12,510	20.8	360	15.8	600	55.6
Formal Care	2,620	9.7	7,150	11.9	0	0.0	0	0.0
Kindergarten	3,100	11.5%	11,080	18.5%	480	21.1%	0	0.0%
	(N=227)		(N=504)		(N=19)		(N=9)	

Table 64: Type of Care by Age of Children in the Household

Types of Care	Age of Children											
	Under One		One		Two		Three		Four		Five	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%
Total[a]	16,560		18,100		22,630		23,940		21,800		25,850	
Spouse	6,190	37.4%	6,190	34.2%	8,220	36.3%	7,980	33.3%	8,580	39.3%	8,810	34.1%
Relative												
In-Home	7,620	46.0	7,030	38.8	10,960	48.4	11,320	47.3	10,120	46.4	11,080	42.9
Out-of-Home	6,910	41.7	7,980	44.1	8,220	36.3	10,000	41.8	9,770	44.8	10,120	39.1
Non-Relative												
In-Home	2,620	15.8	4,760	26.3	4,050	17.9	4,170	17.4	4,650	21.3	4,290	16.6
Out-of-Home	3,100	18.7	3,810	21.0	4,880	21.6	4,650	19.4	3,450	15.8	6,070	23.5
Formal Care	360	2.2	120	.7	830	3.7	3,100	12.9	3,690	16.9	3,100	12.0
Kindergarten	--		--		--		--		24-	1.1	14,410	55.7
	(N=139)		(N=152)		(N=190)		(N=201)		(N=183)		(N=217)	

[a]Sum is greater than 100.0% because of multiple responses.

Purposes of Child Care

For each child care arrangement which a mother said she "usually" used, she was asked to name the reason(s) for using that care. Frequently more than one reason was given. As indicated in Table 65, 11 groupings were used.

Implicit in many studies of child care is the assumption that work is the most important or only necessary reason for child care (and perhaps school or job training as a preliminary to work). As a result, such disparate activities as grocery shopping, sports and volunteer work are often placed into one category; this is very prejudicial. Running a home, like any business enterprise, entails a number of necessary encounters with other enterprises. There is objectively no reason to believe that it is easier to bring along a one year old child when one goes to the dentist than to bring the child to a sales meeting. Because of societal mores, it is "tolerated" more among some who interact with "mothers" than those who interact with working "persons." Of course, some establishments such as shopping centers accommodate to the point of having special equipment for children (seats on shopping carts, toddler carts, etc.). The major point to be made, nevertheless, is that there are activities concomitant with running a home and family which are as necessary, and should be valued as highly as, work activities; furthermore, many of these activities do not blend well with accompanying children.

Table 65 indicates that household tasks are most often the reason for child care; two-fifths of all child care arrangements are used so that a mother can shop and do errands. It is interesting to note that social-leisure activities are mentioned almost as often. Furthermore, this is the most frequently given main reason for child care. Where respondents gave more than one purpose for a particular child care arrangement, they were asked to select the one reason for which that child care mode was most frequently used; this is the "main reason." It is this phenomenon which explains the large frequency shift from "all reasons" to "main reason" for such activities as emergencies, illness and appointments. These are purposes for more than one-fourth of the child care arrangements, yet happen so infrequently that they are each named as the main reason in only ten percent of the cases. It is important to note, however, that child care must be available for these purposes--even if infrequently. In fact, it is just during periods of emergency, illness, or other crises when suitable child care is necessary both for the psychological ease of the child as well as the parent.

A typical definition of child care for needs assessment purposes is that found in the Baltimore study:

Table 65: Reasons for Using Child Care for All Child Care Arrangements

Reasons	All Reasons[a]		Main Reason[b]	
	Number	Percent	Number	Percent
Work or look for work	38,590	21.6%	25,730	19.4%
School or Job Training	11,790	6.6	6,670	5.0
Household Tasks				(39.9)
Shopping and Errands	70,630	39.5	27,510	20.7
Appointments	51,090	28.6	12,390	9.3
Emergencies, Illness	42,760	23.9	13,100	9.9
Adult Interests				(26.4)
Social, Sport, Leisure	69,910	39.1	31,080	23.4
Separation from child[c]	11,310	6.3	1,910	1.4
Volunteer, Community work	6,190	3.5	2,140	1.6
Child Interests				(9.3)
Learning	11,080	6.2	9,410	7.1
Socializing and Independence	7,380	4.1	2,620	2.0
Handicaps and Physical Disorders	480	0.3%	240	0.2%
	(N=1502)		(N=1115)	

[a]Sum is greater than 178,890 and 100.0% because of multiple responses.

[b]N is less than 1502 because some did not select a main reason.

[c]Actual wording: "My child and I need to get away from each other sometimes."

> ...it is the broadest and most encompassing one possible: acceptable substitutes for parental care made necessary by employment, attendance at school or vocational training, or disability of the parent. (Baltimore, 1975, p. 3)

With regard to child care arrangements, it is the broadest definition possible because it accepts all modes--but, also like many other studies, is more exclusive than this study because it includes only those child care arrangements used for selected purposes. This must be kept in mind when making comparisons with the distribution of child care purposes shown in Table 65. After all, this study indicates that the purposes for which child care is most frequently used and needed are actually excluded in many other studies.

Reasons having to do with the child(ren) per se are obviously not stimulants for child care very often. Thus, the Baltimore study has stated that:

> The fundamental reason for day care, no matter how much day care is dressed up as child development, education, or anything else, is care for children of employed parents. /underlining ours/ (Baltimore, 1975, p. 3)

For the purposes of the Detroit study, this can be broadened to include all mothers rather than just the employed. This, of course, is not to say that child care should not be developmental, educational and of high quality for the child. The point of raising the issue is that although the purpose of child care may be adult oriented, its function should also be child oriented.

The three main purposes of child care are work, shopping and leisure activities. It is interesting to note that about two-fifths of all paid child care is for work and about one-fourth is for social and leisure activities; less than ten percent pay for child care while shopping.[1] In general, work, shopping and leisure purposes entails such diverse activities that they might call for very different types of child care.

Yet Table 66 indicates that there are almost no consistent or patterned differences in the type of child care used for various purposes. A few differences do show up. As one might expect, concern

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[1]There is a detailed discussion of costs later in this report.

Table 66: Purpose by Type of Care for Child Care Arrangements

Type of Care	Work/School		Household Tasks		Adult Interests		Child Interests	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total	47,400	100.0%	100,040	100.0%	78,960	100.0%	17,980	100.0%
Spouse	8,460	17.8	21,440	21.4	11,550	14.6	830	4.6
Relatives								
In-Home	11,550	24.4	31,200	31.2	22,630	28.7	1,310	7.3
Out-of-Home	11,190	23.6	25,370	25.8	24,180	30.5	2,260	12.6
Non-Relatives								
In-Home	3,690	7.8	8,930	8.9	10,960	13.9	720	4.0
Out-of-Home	6,910	14.6	11,790	11.8	8,570	10.9	950	5.3
Formal Care	5,360	11.3	1,190	1.2	710	0.9	4,530	25.2
Kindergarten	240	0.5%	120	(a)	360	0.5%	7,380	41.0%
	(N=398)		(N=840)		(N=663)		(N=151)	

(a) less than 0.5%

for children is often the reason for using kindergarten. In fact, one would have anticipated it being used more often for household tasks than indicated in these responses.[1] Other formal care is also used for child oriented reasons; about one-tenth (11.3%) of work/school related child care is formal care. The role of a "babysitter" for adult interests is not as great as expected, although a higher percentage of these activities use the non-relative in the home than is true of other activities. A slighcly higher proportion, one-fifth, use the spouse for household tasks than is true of other purposes. Considering that 43 percent do not have a spouse, this is a high figure. Obviously, the single mother must find a substitute; and as said elsewhere, that is the role of other relatives both in and out of the home. The major points indicated by Table 66 is the important role of the relative both in the home and out of the home for all child care purposes which are adult oriented. Although much smaller in number, taking the child to a non-relative's home is done in ten percent of the cases for any adult oriented purposes. As will be discussed later, this arrangement varies with regard to payment, or "trade" but nevertheless should not be considered negligible.

When the same data is presented for the main reason rather than all reasons, the distribution is quite similar to that already discussed and presented in Table 66. One pattern, however, shows up at a consistently significant level for the main purpose. For work/school and household tasks, if a relative is the provider, that person cares for the child in the child's home; the opposite is true for adult reasons. When a non-relative is used, the entire pattern is reversed, the child goes to the non-relative for work/school or household tasks, but is at home if the reason has to do with adult interests. Non-relatives tend to be used outside of the home even with the many short-term uses of a "babysitter." This is probably true for economic reasons. The same is not true of a relative who acts as a child care provider. In the latter case, the variation from teenage sibling to going "to grandma's house" is such that they tend to balance. The major difference relates to child(ren) interests. The distribution differs primarily because it is the main reason for only a few concentrated child care arrangements; it is a secondary reason for a wider variety of arrangements (see Table 67).

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[1]The low frequency of using kindergarten for other reasons may be methodological. Some respondents did not mention kindergarten. It was added later from the data obtained in the section regarding school. In such cases, no reason would be entered since the respondent's reasons were unknown.

Table 67: Main Reason by Type of Care for Child Care Arrangements

Type of Care	Work/School		Household Tasks		Adult Interests		Child Interests		Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total	32,390	100.0%	53,000	100.0%	35,130	100.0%	12,270	100.0%	132,800	100.0%
Spouse	5,480	16.9	12,620	23.8	4,170	11.9	0	0.0	22,270	16.8
Relative										
In Home	7,980	24.8	16,800	31.7	8,930	25.4	0	0.0	33,710	25.4
Out of Home	6,790	21.2	11,910	22.5	11,910	33.9	480	3.9	31,090	23.4
Non-Relative										
In Home	2,380	7.4	4,170	7.9	5,830	16.6	240	1.9	12,620	9.5
Out of Home	4,880	15.0	7,270	13.7%	3,930	11.2	710	5.8	16,790	12.6
Formal Care	4,760	14.7%	(a)	(a)	(a)	(a)	3,460	28.2	8,460	6.4
Kindergarten	120	(a)	(a)	(a)	240	0.7%	7,380	60.2%	7,860	5.9%
	(N=272)		(N=445)		(N=295)		(N=103)		(N=1115)	

(a) less than 0.5%
(b) N is less than 1502 because a number did not choose a main reason for using a specific child care arrangement

The last point indicated by this data is that the child is taken from the home to the provider in at least two-fifths of the cases regardless of the purpose. In fact, it is as high as fifty percent of the work related child care. The event of taking preschool children out of the home to a provider can be a major task. Furthermore, this must be seen in light of the fact that 30 percent of these households do not have a car and often mothers must depend, along with their small children, on an inadequate public transportation system.[1]

Even for the arrangement which is expected to be child oriented - formal care - the main purpose is often something other than child oriented. This is brought into focus by the selected data shown in Table 68. The motivation for using formal care is more often work/

Table 68: Selected Main Purpose by Type of Care

Main Purpose	Type of Care	
	Formal Care	Kinder-garten
Total	100.0%	100.0%
Work/School	56.3	1.5
Child Oriented	40.8	94.0
Other	2.9%	4.5%

school related than any other. The reason that the proportion of formal care arrangements for child oriented purposes is even 40.8 percent is because this category includes co-op nurseries and nursery school, which, like kindergarten, are defined as in the interest of the child.

[1]The effect is quite different for most of the child care which is out of the home, but provided to help the children since kindergartens are usually within walking distance and this child is already five.

Length of Time

The number of hours of child care used by Detroit households vary considerably. The average arrangement lasts for ten hours a week.[1] This reflects the large number of arrangements which are of a short duration on the one hand, and the few which last for a long period of time on the other hand. When adding together all arrangements for each psychological mom, the average is 19.8 hours per week. Approximately two out of every five households use child care (regardless of type) for less than ten hours a week.[2] On the other hand, almost one third or 24,530 households in Detroit use child care for thirty hours or more a week. Obviously child care for small children is not just a matter of having a provider for a few hours a week while the mother does some errands.

If one looks at the care provided only on the basis of whether it is in the child's home or the child must leave the home, we see that few households can consistently furnish "in home" providers (see Figure 4). As a matter of fact, those child care needs of shorter hours (less than 10 hours) tend to be in the child's home, while the child care provided for longer hours often must be arranged out of the home. In many cases, the location is changed and the child is taken to someone else's home for the convenience of the provider. The common example is the child who spends the day at his/her grandmother's home. Furthermore, there is a sizeable number who spend a day at a non-relative's home.

Table 69: Hours of Care for Households[a]

Hours Per Week	Number	Percent
Total	80,630	100.0%
Under 10 hrs.	35,020	43.5
10 - 29 hrs.	21,080	26.1
30 hrs. & over	24,530	30.4

a. Refers to household totals.

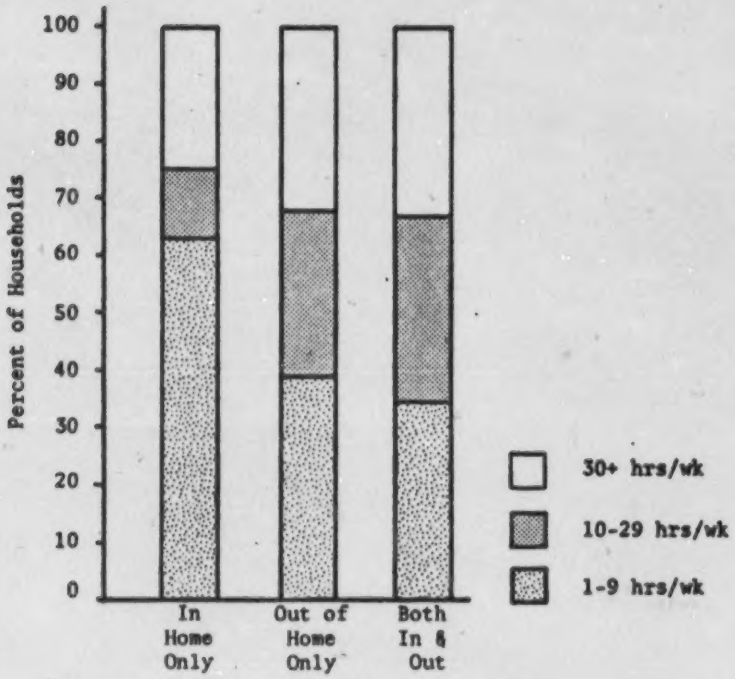
When the number of hours of care are examined in relation to the type of care, the results are as expected. Non-relatives in the child's

[1]The median is 3.6 hours per week per arrangement. Obviously the distribution is very skewed.

[2]This is probably a slight underestimate since, of the 55 households for which specific information regarding time was unattainable, those are most often people who said it was too irregular to know the hours.

Figure 4

Percentage Breakdown by Hours per Week of Child Care Use for Households Using In Home, Out of Home, or Both Types of Arrangement



home are used primarily for short-term care; the "babysitter." At the other end of the time scale is formal care; when it is used, it is primarily for 30 hours or more. Although relatives (in and out of home) are used as providers more often than the father (or spouse of psychological mother) they all show approximately the same distribution of hours. Surprisingly, the non-relative out-of-home care is not too different either.

As indicated earlier, about 38,230 or two out of five Detroit households use providers for more than ten hours a week. As one would expect, most households which use child care for this substantial length of time each week, use very few different arrangements for that length of time. Nevertheless, 5,480 or 14.3 percent of those households

Table 70: Type of Care by Hours for Households

Type of Care	Percent of Households[a]		
	1 - 9 hrs.	10 - 29 hrs.	30 hrs. or More
Spouse	32.1%	10.6%	14.4%
Relative			
In Home	40.6	16.2	23.3
Out of Home	40.6	14.8	18.3
Non-Relative			
In Home	19.8	2.8	6.1
Out of Home	20.8	10.2	10.0
Formal Care	3.1	9.2	23.3
Kindergarten	0.6	51.4	4.4
	(N=520)	(N=216)	(N=180)

(a) Sum is greater than 100.0% because of multiple responses.

who have made a child care arrangement for a substantial number of hours a week, need to have a second one for that time or longer. This is frequently true for the employed mother who sends her child to kindergarten. She must then make arrangements for someone to care for the child for the remainder of the day. Although this means two different arrangements, it is less costly than full-day private kindergarten/day care center. Most of these multiple, substantial arrangements, shown in Table 71, are of this type.

Table 71: Number of Arrangements Ten Hours or More Per Household[a]

Number of Arrangements	Ten Hours or More	
	Number	Percent
Total	38,230	100.0%
One	32,750	85.7
Two	5,360	14.0
Three	120	0.3%

a. Refers to individual arrangements; Table 69 refers to households.

As one would expect, there is tremendous variation in the number of hours a household uses child care depending on the purpose for which the provider is needed (Table 72). Of course, child care is needed for the longest hours if the mother is working or, secondly, going to school. What is most interesting is that the hours of child care are very long when the child's interests are the main reason.

Table 72: Hours of Child Care Use by Main Reason for Use

Main Reason	Hours Per Week for Main Reason				
	1 - 9 Hours	10 - 29 Hours	30 hrs. or More	Total[c] 100%	Average Hours
Work	20.4	23.8	55.8	100%	29.6
School/Training	32.7	34.6	32.7	100	20.6
Household Tasks	95.6	3.6	0.8	100	(2.7)
Shopping & Errands	94.9	4.2	0.9	100	3.4
Appointments	96.8	3.2	(a)	100	1.8
Emergencies/ Illness	96.4	2.4	1.2	100	2.1
Adult Interests	89.6	9.7	0.7	100	(4.1)
Social, Sports, Leisure	90.8	8.8	(a)	100	4.0
Separation from child	66.6	26.7	6.7	100	8.3
Volunteer, Community work	93.7	6.3	0.0	100	2.2
Child Interests	16.5	66.0	17.5	100	(16.7)
Learning	2.5	81.0	16.5	100	17.9
Socializing & Independence	68.2	18.2	13.6	100	10.7
Handicaps, Physical disorders	(a)	(a)	100.0	100%[b]	35.0

(a) less than 0.5%

[b] The number of cases is too small to be statistically reliable. It is, in this case, probably a true picture.

[c] Based on total number of arrangements minus those for whom main reason or time was not obtained.

Within this category of reasons, time varies because of the specific purpose and type of child care. Those who use a specific provider so that their child might learn, average 17.9 hours, reflecting the number of hours kindergartens run. While two-thirds of those who are interested in their child's socializing skills and independence tend to use a provider for less than ten hours a week, reflecting a greater variety and flexibility of hours for providers who can satisfy this purpose (e.g. informal play groups, neighbors, etc.). It appears that the reasons for which child care providers are most often used are of the shortest duration (e.g. household tasks and adult interests).

When some organizations state as their goals the licensing of non-relatives who care for children, one sees the difficulty facing our present system. Most licensed facilities simply cannot afford to take children for very short periods, especially on a flexible basis. That is, under our present licensing and cost-conscious system, the drop-in center is not attractive to potential providers. Yet it is exactly this type of service need which seems to be indicated by the data presented in Table 72.

Certainly the hours of child care are most likely to be at a peak if the mother is employed, even if the reason for using a specific provider is not itself work-related. As indicated in Table 73, school or training also makes a difference. What is also most interesting,

Table 73: Employment/Marital Status of Psychological Mother by Average Hours of Child Care

Psychological Mothers	Average Hours of Care/Week
Total	19.8
Employed	
Not Married	41.5
Married	40.8
In School	
Not Married	31.0
Married	26.4
At Home	
Not Married	10.7
Married	10.2

is that again with the hours of child care, there is a difference between the married mother and the non-married mother. Although the

differences in average hours are not significant by marital status, it certainly indicates a consistent trend.

In Detroit, the number of hours of child care increases with household income. Two-fifths of all psych moms who have a "high" income (over 200% of poverty) use child care for at least 30 hours a week. This is only true for ten percent of those below poverty. This really reflects two things operating at the same time, married couples with both employed, have the highest income and need extensive child care for work purposes. Secondly, families with higher incomes can spend it on child care--and can afford leisure time activities which necessitate child care.

Another factor which apparently influences the number of hours for which children receive care is the age of the child. A child is in the care of someone other than his/her psychological mother for an average of 17.5 hours per week. This is, like data presented earlier, a composite of a number of children who receive care of a short duration and a few who receive care for a long period of time each week. This constitutes a number of hours in the life of a small child.[1] As indicated in Table 74, even the child less than two years old is in the care of someone else for an average of 13 hours a week, and the amount of time rises significantly with each age group. At first glance, this relationship seem implausible; mothers' actions regarding child care do seem to be influenced by specific and yearly age differences. Further investigation, however, clarified the issue. On the one hand, there are the potential providers (both relatives and non-relatives) who are reluctant to care for an infant. (This was indicated in the discussion of Family

Table 74: Age of Children by Hours of Care

Age	Mean Hours Per Week
All Ages	17.5
Under One Yr.	13.4
One Year	12.6
Two Years	14.7
Three Years	17.8
Four Years	18.6
Five Years	24.6
	(N=944)

[1] Future analyses will attempt to estimate the proportion of "waking" hours per child.

Day Care Homes in Part II.) This reluctance decreases as the child gets older. On the other hand is the increase in formal care and then kindergarten for older children. Although this does not involve a large number of children, the long hours for these modes of care do influence the average.[1]

Given the increasing proportion of women with small children who are entering the labor force, this relationship will probably decrease over time. That is, both institutions and individuals will increasingly accommodate to the care of infants and toddlers as economic and social pressures keep women in the labor force.

Although this study includes all child care arrangements a mother makes during her usual week, a large percent are nonetheless regular and frequent. When each child care arrangement was named, the mother was asked how many days a week she uses this arrangement. While about one-third were irregular and varied as indicated in Table 75, almost one-fourth were used for five days. This latter group generally is child care so that the mother can work. Care for more days (6-7) is generally for longer hours per day because of the job demands. Whereas care for less days includes the short-term arrangements for leisure and errands. Generally speaking, the less often the care is needed, the less hours it is used. This appears to be a function of the reason for which it is used. The high percent of five day care reflects work and children's interests.

Table 75: Number of Days Per Week of Child Care Use

Days Per Week	Percent	Average Hrs./Day
Total	100.0%	
Less than weekly	7.9	1.0
One day	17.2	3.7
Two days	11.1	4.0
Three days	3.0	5.1
Four days	2.5	4.7
Five days	22.7	5.7
Six - Seven days	1.1	6.6
Irregular	34.5%	-
	(N=1420)	

[1] The statistical mean was used throughout the report in order to be consistent with data from other studies. Future analyses using more technical procedures will utilize the median for measurements of central tendency, as well, to describe hours of care.

Child care providers are needed, of course, more frequently during week days rather than the weekends. However, over 7000 of the child care arrangements in Detroit are for both weekdays and Saturday or Sunday. It is also interesting that this child care is for the same amount of time as that used only on week days. Thus, it is not a matter of long time periods on week days and then a "babysitter" for short leisure or household tasks on the weekend. About 3810 or four percent of the households have child care which extends overnight; a majority of these are not just for the night time, but cover the day time also.

If one examines arrangements that are for substantial time periods (ten hours or more), there is a definite pattern to the beginning and end time of the care. About half of the child care arrangements start before 8:30 a.m. and three out of four end by 4:30 p.m. Figure 5 indicates the number of substantial (ten hours or more per week) child care arrangements used during each hour of the day. It gives an average day's profile. The peak beginning period at 8:00 a.m. reflects nursery schools and kindergartens as well as the beginning of the parents' work day. There is another peak of about 6550 arrangements which start around -again a reflection of afternoon school sessions. The same type of peaks can be seen regarding the time at which child care ends. There are peaks around 11:00 a.m. and 3:00 p.m. reflecting school day closings. (Note that the 8:00 a.m. starting and 3:00 p.m. ending are the largest even for children under six years of age because of full day private care.) Although these patterns are quite distinct, one should remember that the data also indicate that in at least 3400 households, child care (lasting over ten hours) begins after 3:00 p.m. In 4600 households substantial (ten hours or more) child care ends after 8:00 p.m. Very little of this is traditional evening leisure activities. The specific data shown in Figure 5 purposely avoids most of that type of care by reporting only those arrangements which are used for ten or more hours per week. Unfortunately it also leaves out care which is for more than 24 hours or "overnight."

Costs

Of all the child care arrangements that are made, at least one-fourth cost money.[1] This seems quite high considering the fact that so many of the providers are relatives. These arrangements are paid

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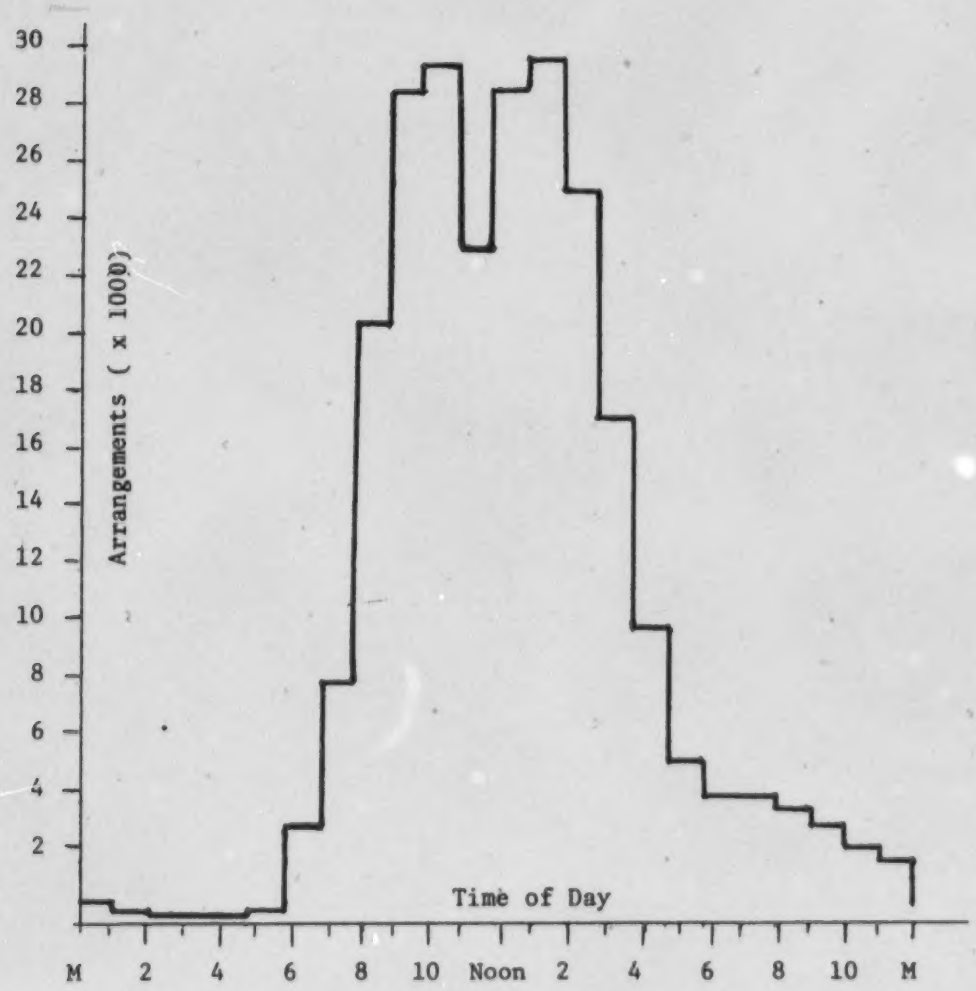
[1] A few interviewers assumed that close relatives were never paid and that it would be a peculiar question. Therefore, some of the interviews completed early do not have this information. Subsequent data indicated that even the closest of relatives are sometimes paid.

Figure 5

Number of Child Care Arrangements by Time of Day for Arrangements Used Ten or More Hours Per Week



for by 38.7 percent of all the households. Another four percent of the child care arrangements are obtained by trading with others. (This takes place in 7.4 percent of the households.) The latter form of pay is smaller than had been anticipated. It may be on such an informal basis, more a sense of "obligation," that it is not even mentioned.

There is a significant difference, as indicated in Table 76, in who pays depending both on work status of the psych mom and on whether or not she is married. Families are much more likely to pay for child care if the mother is working. In fact, over two-thirds of mothers who work must spend a portion of household income on child care. The cost then becomes defined as a necessity. Although not indicated in this Table, whether she works full-time or part-time makes a significant difference in the proportion who pay for child care (73.8% and 63.3% respectively). Of course, it is easier to obtain non-paying providers for shorter periods of time. This may be one of the reasons psych mothers choose part-time employment. Some may not be able to afford full-time employment given the cost of child care.

Aside from this fact, Table 76 also indicates that a psych mother is much more likely to pay for child care if she is married. One must remember, however, that at this point we are speaking only of the fact of whether or not they pay for child care providers, not how much or for what purpose. Earlier data indicated that married mothers were more likely to use providers for leisure activities than were mothers without spouses present. That fact, along with household income, is undoubtedly influential in this data regarding payment for child care providers.

Employed mothers are less likely to trade child care services than are other mothers. This is understandable considering it would be almost impossible to do so for child care while working, and these women tend to use child care less for short-time activities.[1] There is some relationship between income and who pays for child care ($p < .05$). This is particularly true at the higher income levels as reflected in Table 76. As might be expected, families with higher incomes more frequently use child care for adult activities as well as household tasks.

There is almost no valid data regarding preferences in child care if the mother has alternatives available.[2] There is much regarding

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[1] It might also be that because of their absence from the home they do not build the neighborhood relationships needed for trading.

[2] Available here includes the knowledge and societal acceptance of various alternatives as well as their accessibility.

Table 76: Frequency of Payment by Household Characteristics

Household Characteristics	Who Pay Money[a]		Percent Who Trade
	Number	Percent	
Total Households	35,01[illegible]	38.7%	7.4%
Work/Marital Status:			
Employed	(16,080)	(71.0)	(4.2)
Married	11,910	75.8	4.5
Not Married	4,170	60.3	3.4
In School	(1,430)	(29.3)	(7.3)
Married	830	63.6	9.1[b]
Not Married	600	16.7	6.7[b]
At Home	(17,740)	(27.2)	(8.4)
Married	12,620	34.9	8.2
Not Married	5,120	17.7	8.6
Poverty Line:			
Below Poverty	5,950	22.4	9.4
100% - 200% Poverty	5,600	29.4	7.5
Over 200% Poverty	19,650	60.9	5.5
Income Unknown	3,810	30.5	--
Ethnicity:			
Black	20,840	34.7	6.0
White	13,100	48.5	10.6
Latino	480	21.1	5.3[b]
Asian	590	55.6	11.1[b]
	(N=759)		

[a]The base for the percentage is the is the total number of households in the specific category of household characteristics.

[b]Cell frequencies are too small to be reliable.

intention, but no knowledge about its predictability for action. At any rate, perhaps this data can be interpreted as contributing to that information. When families have some discretionary income, they tend to pay for child care providers. This leaves two alternatives (but not mutually exclusive) interpretations which have been discussed throughout this report. First, mothers do not use relatively scarce monies for child care; non-paying alternatives are chosen when possible. Second, where money is limited, mothers do not engage in activities which will call for child care expenditures. In neither case is it supportive of positive child-rearing attitudes. What seems most notable about the relationship of income and child care is that one out of every five households whose income is below the poverty level use some of these scarce monies for child care.

As one might expect, there is a strong relationship between trading and income. People with lower incomes tend to trade child care services with others. This may well be indicative of a multivaried relationship between mothers at home, lower incomes and exchange relationships with neighbors. Analysis at a future time will investigate this possibility.

Ethnic differences shown in Table 76 are also probably the result of a number of factors working at the same time; primarily white families have higher incomes than black families and a higher proportion of white mothers are living with their spouses; both of which are associated with more activities using paid "babysitter" -type providers.

The remainder of this discussion considers only those who pay money for child care. Therefore, when references are made to the total group (100%), it is the group who pays some money, unless otherwise indicated.

To begin with, the average amount Detroit families pay per week for child care is $20.36. That is quite high, especially when one considers the incomes of the Detroit households with preschool children. This average is pulled up by those who use five-day-a-week full day care. Of course, even at the lower end of the scale, if one goes out for a four-hour evening, a $3.00 babysitting fee is at the lower end of the current rate. Thus, an average of $20 per week is not illogical. But it does make more understandable the need to find ways of cutting child care costs by using relatives, other children, and taking the child to someone else's house, aside from leaving the child alone. It should be noted that these costs do not include transportation fees; this will be discussed later in the next section.

Table 77 indicates that households of the highest income pay considerably more for child care than those of lower incomes. There is some relationship between household income and the amount paid for

Table 77: Average Cost of Child Care Per Week by Household Characteristics

Household Characteristics	Avg. Cost Per Week	Household Characteristics	Avg. Cost Per Week
Work/Marital Status:		Poverty Line:	
Employed		Below Poverty	$ 12.00
Married	$ 25.30	100% - 200% Poverty	13.50
Not Married	29.20	Over 200% Poverty	23.60
School		Ethnicity:	
Married	23.10	Black	23.50
Not Married	20.00	White	14.90
At Home		Latino	12.50
Married	13.30	Asian	12.20
Not Married	11.40		
Total Household	$20.40 (N=233)		

child care ($r = .44$, $p < .001$). Other data has indicated that households with higher income are likely to pay occasional babysitters as well as have working parents. Thus, their use of providers is for long periods of time while working (aside from the use of occasional babysitters). As a matter of fact, Table 77 indicates that the average weekly cost is significantly higher for working mothers than for other groups; also for those who are in school. Other data indicate that those who work full-time pay considerably more ($28) than those who work part-time ($20). Obviously, this is related to the number of hours for which care is needed. Again, the marital status of the psych mom is related to her use of child care. The working mother who has no spouse in the home pays considerably more for child care than does her married counterpart. This is particularly interesting given the fact that it is more likely to be the married mothers who pay at all, as discussed above, and the remainder of Table 77 follows this trend. The mother with spouse pays more often and more dollars except for the working married mother.

For those mothers at home, child care costs are higher when there is a spouse in the home. As indicated earlier, not very many families pay a provider when the mother is not employed; but once that commitment is made, the weekly cost becomes an important budgetary item. With regard to the mothers who are in school, the numbers are too small to know whether or not the differences by presence of spouse is really meaningful. Again, one should note that mothers below the poverty line have an average child care cost of $12.00 a week.

Black families pay significantly more per week than do other families. The ethnic differences in the use of full day care centers was discussed in an earlier part of this study. The use of this type of provider is a major influence in the higher average costs for black families. This is particularly interesting when one recalls that more white households pay for child care than black households; obviously they simply spend less money each time.

In order to understand the consumer costs of child care, it can be examined in relation to the type of care which is provided. As one might expect, there are significant differences in the proportion of households who pay for child care according to the type of provider (see Table 78). One should note that even among relatives, almost one in five are paid. Even the 75.6 percent who pay for formal care seems

Table 78: Payment by Type of Child Care

Type of Care	Percent[a]		Average Amount/Week
	Pay Money	Trade Services	
Spouse	0	0	0
Relative			
In Home	17.9%	3.[illegible]%	$ 17.3
Out of Home	19.7	4.0	16.3
Non-Relative			
In Home	67.4	6.5	12.4
Out of Home	43.2	16.7	17.6
Formal Care	75.6	4.6%	24.8
Kindergarten	6.5%	0	$ 18.7

[a]The base for percentage calculation is the total number of households using specific types of child care.

high when one considers that Head Start is included; that some are paid by the State of Michigan Department of Social Services (DSS), and an additional 7.4 percent trade services. With regard to trade, obviously this is a major method used by non-relatives, often neighbors and friends, who trade with each other in order to have some time for household tasks and "just a little relief from being at home with the kids all the time."

As indicated in Table 78, there are also significant differences in the cost of child care depending on the provider. The highest, as one would expect, is the formal care. When the data was analyzed separately for day care centers vs. nursery, preschool and cooperatives, there was no significant difference in the costs. This is further indication of the fact that day care centers and nursery schools are not differentiated by American families. This is not to say that distinctions are not made; when they're meaningful, they are there. For example, most Detroit families distinguished Head Start, Title I, from the others.

Although the proportion of relatives who are paid is not as high as the other providers; when paid, it costs the Detroit family an average of $16 per week. Furthermore, it doesn't seem to matter whether the relative is in the child's home or the child is sent to the relative. The least expensive is the non-relative who comes to the home; even that is $12 per week. This is obviously a function of the pattern of "babysitter" use; a short duration of time for a low rate of pay.[1] This is in sharp contrast to the costs when the child is taken to the non-relative's home. When this latter is not an exchange of services with a neighbor, it is quite costly. In the latter case, the child tends to be there for a longer period of time; sometimes all day, while the mother works.

As a matter of fact, when the main reason for child care is work or school, the cost is much higher than for any other reason (see Table 79). Furthermore, although not indicated in the table, a much higher proportion (50%) pay for work or school-related child care. In contrast, the lowest proportion and lowest cost is for those items which have to do with household tasks. It may be just as necessary to grocery shop or go to a physician as it is to go to work, but society is much more accepting, and therefore it is easier to function with children along at the market or doctor's office. Also, these trips are generally for a short duration of time and, therefore, informal non-paying child care arrangements can be made.

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[1] This is also the one type of provider where the number of people who could not give a dollar amount was substantial (about 25%).

Table 79: Payment by Main Reason for Care

Main Reason	Arrangements that Cost Money[a]		Trade	Average Cost Per Week
	Number	Percent		
Total	178,890	24.1%	4.3%	$17.9
Work/School	32,400	49.6	2.2	24.2
Household Tasks	53,000	13.0	5.4	5.5
Adult Interests	35,130	26.8	4.4	7.8
Child Interests	12,270	29.1%	1.0%	$18.5
	(N=1502)			

[a]The base for the percentages is the total number of child care arrangements in the specific category.

Certainly Table 79 indicates that when the main reason for using child care is for the child's welfare or interest, it is very costly - averaging about $18 per week. This actually is indicative of the strong relationship between the reason and type of care. These are mostly costs for formal care such as day care centers and nursery schools which, as mentioned above, are the most expensive of the child care providers.

As indicated in this discussion, two out of every five households in the City of Detroit must pay something for child care; and when they do, it is costly. Furthermore, there is considerable focus on costs or fees from other sources. Day care centers, family care homes, etc. expend much energy so that their services are eligible for Michigan Department of Social Services fee subsidy. At the same time, pressure has been exerted on the U.S. Internal Revenue Service to give working mothers tax relief for child care costs. Each year this has been liberalized by IRS although these authors would maintain that it is still far behind other allowed expenses. It seemed appropriate to determine the extent of supportive monies for households. Not too surprising is the fact that only 4.3 percent or approximately 3890 households in Detroit acknowledge receiving DSS help for child care.[1]

[1]The accuracy of this small proportion is supported by information from DSS which indicated that 5207 families in all of Wayne County received assistance for child care costs. This included families with children over six years of age.

Six percent or approximately 5420 households take a tax deduction for child care. Considering the number of working mothers who pay for child care and the number with low incomes, obviously, many more are probably eligible for social service subsidy and/or tax deduction. In addition to the number of households now paying for child care but not utilizing these financial benefits, there are possibly just as many who might begin to work and pay for child care if they understood the regulations. Unfortunately, time pressures made it impossible to determine how many families even knew of the possibility and eligibility requirements for either of these financial relief programs. Therefore, no determination could be made of how this information might change their choice of provider or influence their life actitivies. At the very least, these data indicate the need for an educational program so that families can become aware of their financial alternatives.

These mothers were also asked if anyone outside the household helps pay for child care. The number who said yes was incredibly low (less than one percent), when one considers that 20.8 percent of psych moms are presently separated or divorced, let alone those married to someone other than the child's father. Yet it is reasonable, if one looks at how few households (2000) have income from alimony or child support. Since data from a number of sources indicate that mothers not living with spouses are among those with the lowest income in the United States, it is no wonder that using one's income, even if it includes child support, for paid child care becomes impossible.

It should also be noted that 1.7 percent of the households receive income from government sources other than welfare. Only one in the sample mentioned it as a source of child care payments. Given the fact that there are 1910 widows (in addition to those who have remarried) one wonders how many are eligible for social security but are not receiving it. For the large number who rationally decide that paid child care is not an alternative open to them, a more extensive education campaign is needed regarding financial eligibility. All of this, of course, is aside from the entire question of what the private financial burden should be in order for mothers to have alternatives and for the children to receive quality child care.

Transportation

One of the problems with having a child care provider who does not come to the child's home is transportation of the child to and from the provider. (One must remember that 30 percent of these households are without accessible cars.) The households who used a provider out of the home, but on a regular basis were asked about transportation to and

from that specific provider.[1] As indicated in Table 80, the vase majority of households use a car for transportation. In reality, most families have few alternatives from which to choose given the minimal public transportation system in Detroit. If they do not have a car to use, most times they must find an alternate child care provider rather than alternative transp tation. This is really what is reflected in Table 80. About three out of five households who have regular out-of-home care use a car; this includes the very small percent who use carpools. Utilizing the provider to take care of transportation is not only rare, but frequently expensive and therefore not an alternative for many people even if the service is available.[1]

Table 80: Transportation to Regularly Used Provider

Method of Transportation	Number	Percent
Total	26,320	100.0%
Automobile	15,120	57.5
Walk	7,980	30.3
Bus	1,670	6.3
Provider	1,550	5.9%

As one might anticipate, in three-fifths of the cases the mother takes the child to the provider (see Table 81). Other relatives, including the father and siblings are responsible for about a quarter of the trips to the provider. What seems most interesting is that the child walks alone in less than five percent of the cases. This means that in one out of every four trips to the provider, someone walks with the child. Thus, reaching regular, out-of-home providers for preschool children is quite different than those who go to the local elementary school. In the latter case,

Table 81: Who Regularly Takes the Child

Transporter	Number	Percent
Total	26,320	100.0%
Provider[a]	1,550	5.9
Mother	15,030	57.3
Father	2,740	10.4
Sibling	1,310	5.0
Other Relative	2,620	10.0
Child Alone	1,070	4.1
Non-Relative	1,900	7.3

[a]This includes any of the relationships listed below if that person is the child care provider.

[1]For the few who pay transportation as a separate cost, it averages $3/week.

a large proportion can walk alone both because of their ages and the location of the school. In fact, many of the proprietary day care centers and private kindergartens are located on main streets for easy access by car and bus, while elementary schools are purposely located within neighborhoods on low traffic streets.[1]

Although a large proportion of the walk trips are to kindergarten or other formal care (accompanied by an adult), one fifth are to a non-relative's home. Close to another ten percent are to a relative's house. The ability to walk to and from the provider was probably an important element in the choice of provider and/or place to live.

One generally pictures a mother rushing the child to the provider and then continuing the trip on to work. As a matter of fact, the person who takes the child to the regular out-of-home child care provider continues on to work in about 50 percent of the cases. Further, although the trip to work would average (mean) about 17 minutes if they went directly to work, taking the child to the provider adds another 11 minutes to the trip. Although this is not a great deal of extra time, one must not lose sight of those eight percent for whom the trip to the child's provider takes 30 minutes or more. Furthermore, in many cases these are adults who have dressed, then dressed one or more child, prepared breakfast, and often lunches, done household chores, taken a child to the provider, then gone on to a full day's work, only to turn around and make the return trip again plus dinner and household chores in the evening. Between all of this, they are supposed to find time for themselves and time and enthusiasm for their child(ren)!

Perceived Alternatives

It is difficult to determine how people select their methods of child care. Often they think in terms of obvious alternatives; yet, there are always a number of "theoretical" options. Most are rejected by the parent so immediately that they are not even considered. Studies such as this one which attempt to collect data regarding selection and satisfaction with child care providers tend to collect only data on the more obvious level of the process. To obtain a valid picture of all alternatives from which the providers were selected and the manner in which this process was completed is, in itself, a lengthy study. The reader is urged to keep this in mind when reading the following section as well as other studies. It is the belief of the present authors that available alternatives, necessary compromises and dissatisfaction are underestimated in most data which are collected.

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[1] Most European day care facilities are located on the same basis as U.S. elementary schools; they are located within residential neighborhoods; in high density areas, they are frequently located in one of the apartment buildings. Child can walk alone at an early age in relative safety.

At any rate, one of the questions asked was whether or not the person had seriously considered any other type of child care before choosing the main one now in use. A little over one quarter (27.3%) said they had considered another type. Other data (not shown here) indicate that considering other types of child care was significantly (X^2=15.7; $p < .001$) related to the psychological mothers' activities; those who went to school or worked were much more likely to consider other providers than those who stayed at home. Black mothers were much more likely to consider other providers than were white mothers (X^2=19.1; $p < .0003$). Furthermore, it is interesting to note that those who took the child(ren) out of their home either to relatives or non-relatives were more likely to consider other providers than those who had providers come in-home. On the other hand, it was not related to type of child care presently in use, to marital status, or income.

As indicated in Table 82, there was an overwhelming consideration of formal group care. Almost three quarters of these people considered one or another type of group care. Of course, it also follows that this same overwhelming proportion of psych mothers then rejected formal care. Their main reason for doing so (rejecting) was the cost. Another type of child care considered but rejected was that of a non-relative coming to the child's home. These data indicate that taking the child away from the home to a provider is not an attractive alternative except for the formal care institutions. Secondly, it indicates that the idea of enjoying the use of family members for child care may be a myth. In essence, the alternative considered by Detroit mothers was the non-relative either as an individual or in formal group care. Furthermore, although not shown in table form, the main reasons for rejecting this alternative related to "external" reasons, primarily cost, and secondarily the child's age.

Table 82: Alternative Care Considered by Psychological Mother

Type of Care Considered	Percent of Psych Mothers[a]
Self	0.5%
Spouse	0
Relative	
In-Home	3.4
Out-of-Home	4.4
Non-Relative	
In-Home	14.2
Out-of-Home	6.4
Formal Care	79.4
Kindergarten	2.5

[a]Sum is greater than 100.0% because of multiple responses. (N=204)

The majority (72%) did not consider any other type of care. When asked why they didn't consider any alternatives other than the main one they are now using, the responses could be grouped into five categories. Table 83 indicates the degree to which the major consideration is convenience and parental feelings of comfort. The most common response referred to the fact that the provider was "there when I needed her," "it's convenient and easy," "she can't refuse, she's grandma." Of course, often the feelings were related to the child's needs and safety; "this is the way I want my child cared for," or the psychological mother expresses comfort because she knows the child will be well cared for. Nevertheless, the responses refer to the parents' feelings, not those of the child (as contrasted with the third alternative). It would appear that most psychological mothers are satisfied with the care available and used by them. At least that is the response evoked by direct questioning.

Table 83: Reasons for Not Considering Alternative Care

Reasons	Percent
Total	100.0%
Parental Convenience	72.5
Financial	10.2
Benefit Child	8.1
Mother at Home	7.3
Miscellaneous	1.9%
	(N=589)

This is supported by a further question which asked if there were things they could not do because of child care. Sixty percent said no. On the other hand, two out of every five psychological mothers obviously feel inhibited to some degree because of the limitations imposed by their child care situation. Although there were no differences on the basis of income, ethnicity or marital status, women who worked part-time or were "at home" were much more likely (X^2=10.47; p<.01)

Table 84: Activities Inhibited by Present Child Care Situations

Activity	Percent[a]
Work	47.1%
School, Job Training	33.4
Appointments	11.9
Shopping/Errands	16.7
Leisure, Social	43.0
Volunteer Community	11.9
Emergency & Illness	6.1
	(N=293)

[a]Sum is greater than 100.0% because of multiple responses.

to feel there were things they could not do because of child care than mothers who worked full-time or were in school. In fact, as indicated in Table 84, work was the most commonly mentioned activity. If one thinks of schooling or training as work preparedness, then this is an even larger number of people. In fact, this means that 31 percent of all Detroit households with children under age six have mothers who would like to alter their child care arrangements so that they might work or go to school; another 16.6 percent of all households would like to have different child care arrangements so that they might extend their leisure or social life.

When they were asked what type of child care would help, again the desire for formal group care appears (see Table 85). These data support the findings just cited. Family members are not necessarily desired as child care providers. Non-relatives as individuals or formal group care are chosen. Aside from this, psychological moms are much more

Table 85: Activities by Type of Child Care Desired[a]

Type of Care	Work/ School	Household Tasks	Adult Interests	Total Percent
	Percent	Percent	Percent	
Respondent	0.9%	0	0	0.7%
Spouse	1.3	0	1.2	1.7
Relative				
In-Home	16.9	16.7	23.1	33.1
Out-of-Home	4.7	6.9	8.7	11.3
Non-Relative				
In-Home	21.6	45.1	32.3	52.2
Out-of-Home	4.7	5.8	8.7	10.9
Formal Care	51.3	24.5	19.6	61.4
None Mentioned	4.7	7.8	6.3	10.2
	(N=236)	(N=102)	(N=173)	(N=293)

[a]Sum is larger than 100.0% because of multiple responses.

likely to select a provider (relative or non-relative) to come to the child's home rather than take the child out. Within all of this, the type of provider is dependent on the type of activity--the reason for needing a provider.

One last item should be noted. It was the mother at school or work who said she had considered other alternative providers before choosing the ones she now uses. Yet it was the mother at home who said there were things she could not do because of her present child care situation. This mother at home, although indicating some dissatisfaction, obviously is less likely to feel she has alternatives to even think about. This is particularly unfortunate considering that she is most likely to want a provider so that she can work or go to school. Data presented much earlier concerning these psychological mothers, indicated their need for more schooling, so that such motivation should be supported wherever it is shown.

PART IV:

HEALTH

Kay Colby Sharp

Introduction

A number of articles have been written in the last three years relating to health care of children. Specifically the articles have discussed the large numbers of "medical orphans" in our nation. To quote one newspaper article, dated September 30, 1975:

> The average American family spends about three times as much for liquor, one and one-half times as much for cigaretts and almost as much for cosmetics as it spends for the health care of its children. Local, state and federal government spending for health care does not exceed what Americans spend on pet food. (Detroit Free Press)

To examine the extent to which Detroit's families fit this rather dismal picture, a number of questions regarding insurance coverage, doctor visits, immunization records and special health problems were included as part of the survey.

Insurance Coverage

Table 86 shows that 96.4 percent of the households in Detroit have at least one type of health insurance. Looking at the specific type of insurance held by each household, Table 87 shows the three most frequently mentioned are Blue Cross-Blue Shield, Medicaid and various private insurance companies.

Table 86: Insurance Coverage by Households

Insurance Coverage	Households	
	Number	Percent
Total	90,400	100.0%
One Type of Coverage	75,870	83.9
Multiple Coverage	11,310	12.5
No Coverage at All	2,980	3.3
No Answer	240	0.3

Of the households that do have insurance coverage, 93 percent have insurance that covers all members of the household. Therefore, only 3.8 percent of the children in these households are <u>not</u> covered by health

insurance. These findings are very impressive in that a September 30, 1975, article in The Detroit Free Press stated, "The American Academy of Pediatrics notes, 'Insurance programs are designed primarily for the care of adults.'"

Dental insurance coverage is not as extensive as general health insurance; however, this is expected in that dental care is not offered as standard coverage by many insurance companies. Even so, 62.8 percent of the sample reported that they have such insurance. Unfortunately, they were not asked if all household members were included. Hence, there is no way of knowing if the children are covered by the dental insurance.

Table 87: Type of Insurance Coverage by Households

Type of Insurance	Households[a]	
	Number	Percent
Blue Cross/ Blue Shield	48,120	53.2%
CHA/Metro	5,480	6.1
Medicare	3,100	3.4
Medicaid	29,180	32.3
Private Insurance Companies	14,050	15.5
No Insurance at all	2,980	3.3

[a]Sum is greater than 100.0% because of multiple responses.

Overall, the households and the children living in them are extremely well covered by health insurance given the fact that nationally "only 42 percent of families earning between $3,000 and $5,000 annually are even partially covered by adult-oriented insurance and in families earning between $5,000 and $10,000 the figure is only 77 percent" (Detroit Free Press, September 30, 1975).[1] These positive findings on insurance coverage can be explained to some degree by the general labor force picture in Detroit. Furthermore, the fact that 36 percent of these households receive ADC or general assistance supports the finding that 32 percent of the households have medicaid.[2]

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[1]Discussions with persons in the health insurance field were supportive of these statistics for this selected Detroit population.

[2]In Michigan, persons covered by ADC are covered by medicaid. The difference between the two percentages (36% ADC and 32% medicaid) is <u>not</u> statistically significant.

Immunizations

The Immunization Division of the U.S. Center for Disease Control stated that in 1973, "overall, 40 percent of all young children have not received the immunization they should have had" (Detroit Free Press, September 29, 1975). Data from the present study show that 56.8 percent of Detroit's children have received a polio, DPT, measles, mumps and German measles (rubella) vaccine. It is not known if these children received the complete series of shots for either polio or DPT; therefore, the percentage could be inflated somewhat due to a number of children who have received only one shot in each series. Detroit Public Health Department officials report that 95 percent of the young children come in for the first shot of a series of six weeks of age but are not brought in routinely to complete the series. Typically, the infant or child returns to the health clinic only in case of illness, and shots are not generally administered to a sick child.

Table 88 shows the polio shot and the DPT vaccine to be the two most widely received immunizations. Again, these figures may be spuriously high due to the number of children who have received some but not all of the shots in the series. However, they compare favorably to data which the Detroit Public Schools obtained from immunization records of new school enterers (age 5-6 years) in 1975-76. Their figures represent the percentage of children who have completed each series of shots.[1]

The 1976 State Child Care Study Committee Report entitled, "The Needs of Children in Michigan," states that:

> . As of June 26, 1976, Michigan reported 5,246 measles cases; more than twice as many as in 1975. One out of every six cases of measles reported in the United States occurred in Michigan. Michigan ranks #1 in the number of measles reported. Out of 9,684 reported cases of rubella, 1,254 were reported in Michigan.

Unfortunately, their study did not break these figures down by geographic areas of the state. Therefore, they are not directly comparable to data from this study. However, Table 88 shows that a high percentage (70%) of Detroit children are immunized against measles and rubella

---

[1] Immune Levels for Public School Enterers: DPT - 70.4%; Polio - 67.4%; Measles - 84.0%; Rubella - 83.6%.

Table 88: Immunizations for Specific Diseases

Immunizations	Polio		DPT		Measles		Mumps		German Measles	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Yes	107,790	83.6%	110,640	85.9%	93,140	72.3%	76,940	59.7%	90,160	70.0%
No	8,340	6.5	6,790	5.3	19,290	15.0	28,820	22.4	20,010	15.5
Don't Know	7,380	5.7	6,070	4.7	10,120	7.9	16,200	12.6	11,790	9.1
No Answer	2,740	2.1	2,620	2.0	3,690	2.9	4,290	3.3	4,290	3.3

(German measles). These figures are probably more reliable in that these two vaccines do not involve a series; there is just one shot each required for children below the age of five years.

Table 88 shows mumps to be the least frequently received shot. This percentage is based on all children in the study; however, children must be at least 15 months of age to receive the mumps vaccine and have it be effective. Therefore, it would be expected that a smaller percentage of all the children in the study have received this shot. Looking at just those children two years and above, the data show 84 percent have received their mumps vaccine. This high percentage may be explained by the fact that the mumps vaccine has only been made available in health clinics for the last five years, and it received a great deal of news coverage when it became accessible.

The percentages of children who have received each of the separate immunizations is extremely impressive. Such high protection rates reflect the efforts made by the Detroit Public Health Department to make immunizations available to young children. The Health Department has sponsored several "Shot Sundays" where various immunizations are made available to the public at shopping malls in the city. There are a large number of clinics that offer complete immunization to children. These clinics are scattered throughout the city; they are in housing projects and in various catchment areas. In addition, the Detroit Public Schools have recently required completed immunization records before admittance to the public schools.

Still, if the goal is to see that all children in Detroit are properly protected against disease, it is distressing that almost 13 percent have received none of the available immunizations and an additional 12.5 percent have received only one or two (see Table 89). The most neglected age group tends to be infants from six weeks to two years. These data suggest that more effort is needed in the education of parents on the importance of early life immunization.

Health Examinations

A healthy body is fundamental to a good life; therefore, health officials stress the importance of screening and evaluation of the ears, eyes and teeth early in life. Table 90 summarizes the percentage of children who have received each of these examinations. At first glance the figures look very discouraging. However, the age of the child must be taken into consideration. Opinions of officials vary somewhat as to what age tests should be administered. For example, the Detroit Public Health Department - Early Screening and Evaluation administers both hearing and vision exams to children as young as three years. Henry Ford Hospital, a large Metropolitan Detroit hospital, does

Table 89: Total Number of Immunizations Received

Number of Immunizations	Children	
	Number	Percent
Total	128,870	100.0%
None	16,670	12.9
One	3,330	2.6
Two	12,740	9.9
Three	7,860	6.1
Four	15,010	11.6
Five	73,260	56.8

Table 90: Percentage of Children by Type of Health Exam

Health Exam	Ear		Eye		Dental	
	Number	Percent	Number	Percent	Number	Percent
Total	128,870	100.0%	128,870	100.0%	128,870	100.0%
Yes	42,400	32.9	48,950	38.0	25,730	20.0
No	74,800	58.0	69,320	53.8	94,090	73.0
Don't Know	3,570	2.8	3,330	2.6	1,670	1.3
No Answer	8,100	6.3	7,270	5.6	7,270	5.7

not administer these two exams until the child is five years old, due to the required knowledge of directions and symbols involved in the exams.

Most dentists suggest that a child make his/her first visit some time between the ages of three and five years. Given this information, the percentage of children who received these exams was re-analyzed, looking at only children three to five years of age. As can be seen in Table 91, the percentage of children who received each exam increases with increasing age.

Table 91: Selected Health Exams by Age of Children[a]

Exam	Three		Four		Five	
	Number	Percent	Number	Percent	Number	Percent
Eye Exam						
Yes	7,860	35.3%	9,650	49.1%	18,220	74.3%
No	14,410	64.7	10,000	50.9	6,310	25.7
Ear Exam						
Yes	7,380	33.3	9,770	50.0	16,320	67.5
No	14,770	66.7	9,770	50.0	7,860	32.5
Dental Exam						
Yes	4,170	18.4	7,150	35.3	11,910	48.5
No	18,460	81.6	13,100	64.7	12,620	51.5

[a]The numbers vary slightly for each exam because of non-responses.

The Detroit Health Department was contacted in order to obtain some sense of validation for these data. It was their impression that the figures on ear and eye exams were somewhat low, given the number of child care centers, nursery schools and cooperative nurseries where enrolled children have received the available screening and evaluation exams provided by the Department. Whereas, their impressions are not to be doubted, their rationale and its applicability to the total population of Detroit's children must be put into perspective. The Child Care Arrangements section of the present report shows that only a very small percentage of children in Detroit attend a child care center or nursery school. Therefore, few children are exposed to the health services provided through formal child care arrangements. Taking all these points into consideration, the percentage of children who have received an eye or ear exam by the age of five is relatively high.

On the other hand, the very low percentage of children between the ages of three and five years who have received dental exams is depressing. A number of points can be mentioned to explain these data. The primary explanation is that free dental care, unlike immunization, hearing and vision exams, is not available through the Department of Public Health. There are less than ten clinics in the City of Detroit that offer residents dental care on an ability-to-pay basis. All of these clinics have long waiting lists; some are too far for families without a car. Therefore, the majority of families must rely on private dentists. The typical family in Detroit with a child under six consists of four persons living on a median income of approximately $10,000, and they do not have dental insurance. Given these conditions, the cost of dental care charged by private dentists is prohibitive.

Perceived Health Problems

In planning for the needs of any community, it is important to know about any health problems or handicaps which inhibit activities of household members. Therefore, an attempt was made to obtain estimates of such problems for these Detroit households. When asked the question "Does anyone living here have a continuing health problem or physical handicap that limits the kinds of things he/she can do?" almost one quarter (23%) of the respondents answered in the affirmative. This is a much larger positive response than anticipated. Certainly if one fourth of the households have health problems, this can have major implications for child care.

Table 92: Household Members with Continuing Health Problems

Household Number	Percent with Problem
Total	100.0%
Head	40.7
Spouse	14.0
Child[a]	41.2
Other Relative	4.1

a. No age limitation: determined by relation to household head.

The distribution of those with a problem, indicated in Table 92, is most interesting. There are as many children defined as having a health problem as there are household heads. One must remember that "child" in this context is defined by relationship to household head not age. Therefore, a "child" could be of any age. The much lower proportion of spouses who have a health problem is, to some degree, attributable to the fact that a number of households have no spouse. Although not indicated in the table, about 5120 or four percent of the children under six were listed as having a continuing health problem.

Given the general nature and subjectivity of the question, it is difficult to know whether these proportions are high or low.[1] It becomes slightly clearer when one looks at the problems mentioned in Table 93. Although a few are serious chronic illnesses most prevalent among adults, such as high blood pressure and diabetes, some are mentioned which are not very debilitating to most people, such as allergy problems. It should be remembered, however, that these are, in fact, people's perceptions and evaluations of the limitations imposed on them by health problems.

It is difficult to distinguish between those problems which have special implications for child care and those which do not in this type of response. However, one thing is certain, a fair amount of these 25,490 households need the supportive services of care for their preschooler if there is a person in the house with a continuous health problem which imposes limitations.

With regard to the children, Table 93 indicates the two most frequently specified health problems mentioned are respiratory condition and allergies. Again, there is no way of knowing the degree to which these inhibit activities. The more severe problems such as blindness, deafness, and orthopedic impairment, to mention a few, are almost non-existent, as reported by interviewees.

Some specific agencies in the city were called to verify these data. Officials of the Greater Detroit Society for the Blind felt the reported low incidence for blindness is quite accurate, given the major cause of blindness is aging. Blindness at birth is extremely rare due to the increased delivery precautions; and if blindness does occur at birth, the child is typically multiply handicapped.

The Michigan State Department of Health-Crippled Children's Division was unable to provide any statistics on the incidence of orthopedic handicaps in children five years and younger. Unfortunately their statistics are issued for all children 17 years and younger, without any finer age breakdown. The same is true of statistics kept by agencies relating to deafness.

At a later point in the interview schedule, a related question, is asked but in a different form, and higher frequencies occur. The later question stated, "We may have talked about this earlier, but just to make sure, we want to ask you if your child(ren) has (have)

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[1] This question was in the main body of the questionnaire (rather than in the child care section). Future interview waves will have a more refined and specific version in order to elicit this data.

Table 93: Type of Problem for Household Members

Type of Problem	Household Member with Problem			
	All Household Members[a]		Children Under Age Six	
	Number	Percent	Number	Percent
Total			5120	100.0%
Blindness, both eyes	120	0.5%	0	0
Blindness, one eye	480	1.8	360	7.0
Other Vision Problems	360	1.3	0	0
Deafness	240	0.9		
Other Hearing Problems	710	2.7	120	2.3
Orthopedic Deformity or Functional Impairment	6190	22.4	480	9.3
Mental Retardation	480	1.8	120	2.3
Other Mental Disorders	590	2.2	0	0
Cancer	360	1.3		
Epilepsy/seizures	950	3.6		
Diabetes	1430	5.4	0	0
Allergies	3220	12.1	950	18.6
Cardiac Conditions	3330	12.6	240	4.7
High Blood Pressure	2030	7.6	0	0
Respiratory Condition	2620	9.9	1540	30.2
Digestive Stomach Condition	1190	4.9	120	2.3
Other Problems	2380	9.0	1190	23.3
	(N=223)		(N=43)	

[a]The sum is greater than 100.0% because of multiple responses.

any problems with..." The problems specified are eyesight, hearing, speech/language and developmental problems (walking, talking, etc.). Approximately 9770 or 10.8 percent of the households report that at least one of their children has one or more of the specified problems. The increased frequencies could also be attributed to the fact that parents do not view these stated problems as continuing problems or handicaps, as they are labeled in the first question.

With regard to the second question, the most frequently occurring problem reported is eyesight (refer to Table 94). The other three types of problems are extremely low in incidence. The Program Director of the Detroit Public Health Department-Early Screening and Evaluation felt the data under-represents the incidence of such problems. This impression is based on statistics kept on children who have received the early detection and screening tests given by the Health Department as a service to children enrolled in formal child care facilities. Since most of the children in the present study are not enrolled in such facilities and, therefore, may not have been officially tested, the reported problems may be based solely on the mother's perception. This

Table 94: Number and Percentage of Households by Type of Childhood Problems

Types of Problems	Households	
	Number*	Percent
No Problems	79,320	87.7%
Eyesight	5,120	5.6
Hearing	1,550	1.7
Speech	2,380	2.6
Developmental Problems	2,140	2.4

*Sum is greater than 100.0% because of multiple responses.

possibility is reinforced by the high percentage of children who have not received an ear or eye exam, as previously reported. The reported incidences of health problems in young children may, therefore, be somewhat lower than what actually exists.

Conclusions

The health picture in Detroit is certainly not as grim as that portrayed by the national statistics. The Detroit households and their

children have better health insurance coverage than the average. The immunization percentages on isolated vaccines or shots is high, but on completed series is extremely low. The number of clinics is large and the geographical location of clinics is widely distributed making availability of free immunization extremely good. The greatest need seems to be in educating parents about the importance of immunization early in their child's life and the necessity of completing any series. Education of parents is always the most crucial component of health programs and the most difficult to accomplish. The Detroit Public School's recent ruling requiring completed immunization records as prerequisite to school enrollment will hopefully have significant impact on parents.

The greatest deficiency in Detroit children's health protection is early life health examinations.[1] Outside of children who are enrolled in formal child care facilities, where the Detroit Public Health Department provides periodic hearing and vision screening and evaluation, a large number of children are not receiving these examinations. Such exams are crucial to the early detection and prevention of debilitating problems. Even slight impairments in hearing or vision that are left unattended early in a child's life can lead to poor classroom behavior and learning problems in elementary school.

Just as serious is the large number of children who have never visited a dentist by the time they reach the age of five. As was pointed out previously, there are several reasons why young children are not obtaining dental exams. The most obvious one is the lack of free or ability-to-pay dental services in the area. This seems to be an issue that health officials should attend to most closely in the future.

The subjectivity of the data regarding health problems or handicaps which people feel interfere with their activities, along with the lack of statistics for validation, make it difficult to draw any conclusions about this area of health. However, with respect to the children, it does draw attention to the continual need to develop policy oriented data both regarding the children and the facilities. One thing is certain, there are children to fill those facilities where providers stated they were willing to take handicapped and problem children (see Part II of this report).

With respect to the households, obviously there is a need for supportive child care for some of these 25,490 households with an inhibiting chronic health problem. Again, the implications for policy are not precise, but they are indicators for future directions.

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[1] The authors recognize that in one sense this is inaccurate. Probably nothing is more important to the health of the child than the prenatal care received by the mother.

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2/16/76
HEW STUDY

APPENDIX A

QUESTIONNAIRE NO. _____

NON-FUNCTIONING FAMILY DAY CARE HOMES*

PHONE _____

INTERVIEWER _____

1. When did you stop taking children? _____

_____

2. Why did you stop taking children? _____

_____

_____

_____

_____

_____

(PROBE: Would you like to take children now.)

3. Do you have any children living in your home? Yes ____ No ____

4. What is the age of the youngest child living in your home? _____ years

D.S.S. Permission Statement

The Department of Social Services is interested in knowing whether or not you would like to have children referred to you now. May we give them your name?

Yes _____ No _____

Date _____

	DATE	TIME	RESULTS
1.			
2.			
3.			
4.			

* Homes designated as not taking children at the present time.

Letter and Questionnaire

for

Day Care Centers, Nursery Schools and
Cooperative Nurseries

SHARON ELLIOTT, Chairperson
ROGER MILLER, Vice-Chairperson
MARY PORTER, Secretary
MANYA CARTER, Treasurer
ARLENE ARRINGTON, Assistant Secretary

SALLY LOUISE BROWN, Executive Coordinator
INGRID J. SAUNDERS, Associate Coordinator
PATRICIA A. HAUSER, Program Specialist
VIVIAN MINUS, City Social Planner
JOAN MEISENHELDER, Program Assistant

CHILD CARE COORDINATING COUNCIL OF DETROIT/WAYNE COUNTY
71-C EAST FERRY AVENUE / DETROIT, MICHIGAN 48202 / (313) 874-1320

Honorary Chairpersons:
M. JUANITA McGILL
ESTHER CALLARD
GLORIA DEES
MARJORIE SANGER
CLYDE SPENCER

Dear Child Care Center Director:

We write to ask your cooperation with a survey of services and facilities for children from birth to six years of age in Detroit. You will find a questionnaire enclosed and a stamped, addressed envelope to expedite this assistance.

The survey will include child care facilities, health and social programs, recreation and cultural resources. It will provide us with the basic information for a "Directory of Child Care Services", something more frequently requested from 4-C than almost any other information. Our goal is to produce a simple but comprehensive directory useful to child care staff, parents, health and social agencies and others who share responsibility for our young children.

This effort is made possible to us by a sub-contract with the Center for Urban Studies at Wayne State University which has a grant from the Region V Office of the U. S. Department of Health, Education and Welfare to do "An Analysis of Child Development Needs" for the child population birth to six in the city of Detroit. Our share of the study is to enumerate and describe the resources presently available to meet the needs of this age group. With help from the City of Detroit Planning Department to gather information about the child population under six and its present need and usage of resources, the research should give us a statistically sound basis for broad planning to meet the needs of young children in Detroit. We will of course share our findings with you.

Without your help we cannot accurately complete this survey. We have tried to make the questionnaire short and factual while covering essential information. If you would prefer to give your answers over the phone, or to have a research aide come in person, please call 874-1320 and ask to speak with Ingrid Saunders, Joan Guregian or me. Please call also if you have questions.

We hope that you can return the questionnaire to us by ~~December 15~~ January 20. We appreciate your help and extend our thanks in advance.

Sincerely yours,

Sally Louise Brown

SLB:dj
Enclosure

Sally Louise Brown
Executive Coordinator

Child Care Coordinating Council of Detroit/Wayne County, Inc.
71-C East Ferry; Detroit, Michigan 48202

Facility Study: "An Analysis of Child Development Service Needs"* of Children Ages 0-6

NAME OF FACILITY: _____

ADDRESS: _____

_____ ZIP CODE: _____

DIRECTOR'S NAME: _____ PHONE NO.: _____

1. What ages do you serve? 1. Youngest _____ 2. Oldest _____

2. How is your center financially supported? CHECK (✓) BELOW

	1. Tuition paid by parents
	2. Tuition paid by Dept. of Social Services
	3. Scholarships available

3. Is your total fee per day (regardless of who pays it):

1. ___ Fixed
Amount per day $ _____

OR

2. ___ Sliding Scale
Lowest amount per day $ _____
Highest amount per day $ _____

4. What other sources for support do you have (for example: foundation, community groups, Dept. of Agriculture, church, space provided, etc.)?

_____

_____

5. What hours are you open? 1. Start _____ 2. End _____

6. What is the shortest period of time per day you will take a child under six years of age?

_____

7. What is your licensed capacity? _____

*In cooperation with Wayne State University, Center for Urban Studies under a grant from the U.S. Dept. of Health, Education & Welfare; Grant No. 90-C-481.

THE FOLLOWING QUESTIONS REFER ONLY TO CHILDREN UNDER SIX YEARS OF AGE

8. Recognizing that children are sometimes absent, and not all children come for a full day, we would like to know how many children you now have who are:

   1. 0 to 15 months of age? _____
   2. 15 months to 2½ years? _____
   3. 2½ years to 6 years? _____
   4. Over 6 years of age? _____

9. Do you have a kindergarten program? 1. ___ No 2. ___ Yes

10. How many of your children under six years of age are from the City of Detroit:

    0. ___ None 1. ___ Less than half 2. ___ Half 3. ___ Most 4. ___ All

11. How many of your children under six years of age are the following ethnic/racial backgrounds?

    1. Black _____
    2. White _____
    3. Latino _____
    4. Asian-American _____
    5. Native American _____
    6. Other (SPECIFY) _____

12. Do you have children under six years of age on a waiting list? 1. ___ No 2. ___ Yes

13. Do you have any children under six years of age with the following handicaps:

Type Handicap	No	Yes - specify how many children
1. physically handicapped		
2. emotionally disturbed		
3. mentally retarded		
4. learning disabled		

5. other (please specify, with number of children) _____

_____

14. Even if you don't have any of these children now, are there some of them you could handle?

    1. ___ No 2. ___ Yes (SPECIFY which ones and under what circumstances)

_____

_____

_____

_____

USE BACK OF PAGE IF NECESSARY

15. Do you offer transportation? 1. ___ No 2. ___ Yes

16. Are professional services available for your children through your center (such as a social worker, dental/medical care, etc.)? 1. ___ No 2. ___ Yes

IF YES: 17. What services? _____

_____

18. Do you ever have occasion to make referrals to agencies outside the City of Detroit? 1. ___ No 2. ___ Yes

IF YES: 19. To what agencies do you make these referrals? _____

_____

20. What needs for children under six have you found for which there are inadequate or no facilities in the Detroit community?

_____

_____

_____

_____

COMMENTS:

THANK YOU FOR YOUR COOPERATION

11/20/75

Letter and Questionnaire

for

Family Day Care Homes

SHARON ELLIOTT, Chairperson
ROGER MILLER, Vice-Chairperson
MARY PORTER, Secretary
MANYA CARTER, Treasurer
ARLENE ARRINGTON, Assistant Secretary

SALLY LOUISE BROWN, Executive Coordinator
INGRID J. SAUNDERS, Associate Coordinator
PATRICIA A. HAUSER, Program Specialist
SUE WILENSKY, City Social Planner
JOAN MEISENHELDER, Program Assistant

CHILD CARE COORDINATING COUNCIL OF DETROIT/WAYNE COUNTY
71-C EAST FERRY AVENUE / DETROIT, MICHIGAN 48202 / (313) 874-1320

Honorary Chairpersons:
M. JUANITA McGILL
ESTHER CALLARD
GLORIA DEES
MARJORIE SANGER
CLYDE SIMPSON

January 22, 1976

If you don't know who we are--and--the purpose of our organization is good child care. We try to help both parents and day care homes have what they each need to make child care better. To do this we need more information which only you can give. It takes better information to help push for better services.

We have enclosed a questionnaire which will take ten minutes to fill in. When we get this back in our office, we will erase your name and address--the information will become anonymous so that no government agencies or anyone else will see your answers.

Only you and others like you can give us the information that we will need to try to get better service. So please take the ten minutes to fill in the questionnaire and return it to us in the enclosed self-addressed envelope.

If you have any questions or want further information, please feel free to call me at 874-1320.

Sincerely,

Sally L. Brown

Sally L. Brown
Executive Coordinator

Child Care Coordinating Council of Detroit/Wayne County, Inc.
71-C East Ferry; Detroit, Michigan 48202

Facility Study: "An Analysis of Child Development Service Needs" of Children Ages 0-6

NAME: _____

ADDRESS: _____

_____ ZIP CODE: ____ PHONE: _____

1. What age children do you care for: Age of youngest _____

   Age of oldest _____

2. How many children do you care for (not including children who live here):

   _____ (number) Up to 1 yr. old

   _____ (number) 1 yr. up to 2½ yrs.

   _____ (number) 2½ yrs. up to 6 yrs. old

   _____ (number) 6 and over

3. Do any children under six years old live here--including your own:

   1. ____ No 2. ____ Yes

   IF YES: 4. How many of these children are:

   _____ (number) Up to 1 yr. old

   _____ (number) 1 yr. up to 2½ yrs.

   _____ (number) 2½ yrs. up to 6 yrs. old

   _____ (number) 6 and over

5. Please check (✓) the days of the week that you take care of children who do not live here:

   1. ___ Mon. 3. ___ Wed. 5. ___ Fri. 7. ___ Sun.

   2. ___ Tues. 4. ___ Thurs. 6. ___ Sat.

6. Would you be willing to take children on any other days:

   1. ____ No 2. ____ Yes ⟶ Which days: _____

7. What is the earliest time of the day you take children? _____ A.M. P.M.

8. Would you be willing to have children come any earlier?

1. ___ No 2. ___ Yes (What time: _____ A.M. P.M.)

9. What is the latest time of the day the last child leaves your home? _____ A.M. P.M.

10. Would you be willing to have them stay any later?

1. ___ No 2. ___ Yes (What time: _____ P.M.)

11. How many of the children you take under six years old are: (Do not include children who live here)

1. _____ (number) Black/Afro-American
2. _____ (number) White
3. _____ (number) Latino
4. _____ (number) Other _____ (which) _____ (which)

12. Do you take care of any children, under six years old, with the following handicaps: (Do not include children who live here.)

Type Handicap	NO (✓) Check	YES - How many children?
1. physically handicapped		
2. emotionally disturbed		
3. mentally retarded		
4. learning disabled		
5. other: which handicapp?		

13. Even if you don't have any of these children now, would you be willing to take some?

1. ___ No 2. ___ Yes (Which kinds of handicaps?)

_____

_____

_____

_____

14. How many of the children you take live more than four (4) blocks away? _____ (number)

15. What do you charge? How much per hour? $_____

How much per day? $_____

How much per week? $ _____

16. Can you afford to take children paid for by the Department of Social Services?

1. ___ No 2. ___ Yes

17. Do you get support or donations from any other places, such as a church, parents, community group, government nutrition program, etc.?

1. ___ No 2. ___ Yes

IF YES: 18. Which places? _____

_____

19. What types of facilities or services do you wish you could find in the community for children under six years old?

_____

_____

_____

_____

_____

COMMENTS

THANK YOU FOR YOUR COOPERATION

1/19/76

Letter and Questionnaire

for

Area Probability Sample of City
of Detroit Households

Planning Department
801 City-County Building
Detroit, Michigan 48226
(313) 224-6380

Coleman A. Young, Mayor
City of Detroit

Dear Detroit Resident:

The City of Detroit Planning Department is conducting a survey of the citizens of Detroit. The information collected in the survey will be used to make plans for improvements in the city.

Your address is one of only 5,000 in the City of Detroit selected as a household to be interviewed in this survey. These addresses were selected at random and are representative of all the people in the city.

An accurate sample requires that the households selected--and only those households--be interviewed. No substitutions can be made. Our interviewers are asked to talk with someone at each of these addresses. One of our interviewers will be calling on you within the next few weeks. We are confident that you will welcome her.

The results of all interviews will be combined and published in a report which represents the City of Detroit as a whole. No person is ever identified--in fact, we are not even asking for your last name. The information you provide will be held in strict confidence.

Please contact us if you have any questions about the study. Thank you very much.

Sincerely,

A. P. DeVito
Director

APDeV/pjm

_____ OFFICE NUMBER

PLANNING DEPARTMENT
CITY OF DETROIT

COVER SHEET

DETROIT CITIZEN SURVEY

Interviewer_____

Sample Number_____ Line Number from F. 150_____ Apt. No. or Descr._____

Tract_____ Address_____

NOTE: ARE THERE ANY OTHER HOUSING UNITS AT THIS SPECIFIC ADDRESS?

___YES ___NO

Make out a Form 151 and proceed as instructed there

RECORD OF CALLS

Call No.	Date	Time	Detailed Result of Each Call
1			
2			
3			
4			
5			
6			

IF INTERVIEW IS TAKEN, PLACE QUESTIONNAIRE INSIDE THIS COVER SHEET AND RETURN IT TO THE OFFICE.

IN ALL OTHER SITUATIONS, GO TO BACK PAGE AND PROCEED AS INSTRUCTED.

VACANCIES

1. Is this unit going to be reoccupied? ___Yes (SKIP TO 2) ___No

   1a. Why is it that no one will be moving in here? _____

   _____

   (SKIP TO 3)

2. Is this a rental unit or is it for sale (has been sold)?

   ___Rental ___Sale (SKIP TO 3) ___Either (SKIP TO 3)

   2a. What is the rent here? $_____ per _____

   2b. Does the owner live in the building? ___Yes ___No

3. Person from whom above information was obtained:

   Name_____ Position_____

ALL HOUSING UNITS ON INCOMPLETE INTERVIEWS

4. This housing unit is in a:

   ___Single family home
   ___Duplex (2 units side by side)
   ___Row house (3 or more attached units side by side)
   ___Flat or income (units on top of each other running from front to back of structure)
   ___Regular apartment house
   ___Hotel
   ___Old house broken into apartments
   ___Rooming or boarding house
   ___Mixed commercial/residential
   ___Other (SPECIFY)_____
   _____

5. This structure has _____ housing units in it.

6. Is this housing unit in a public housing project? ___Yes ___No

---

COMMENTS; EXPLANATION OF UNUSUAL SITUATION OR CAN'T FIND; SOURCE OF INFORMATION FOR VACANCIES TO BE FOLLOWED UP FROM OFFICE:

_____SAMPLE NUMBER

INTERVIEWER_____ DATE INTER-VIEW TAKEN _____

CITY OF DETROIT

PLANNING DEPARTMENT

DATA COORDINATION DIVISION

DETROIT CITIZEN SURVEY

Round 1

October 1975

2

THE TIME IS NOW_____(a.m.; p.m.)

ENTER FIRST NAME				
PERSON NUMBER	01	02	03	
CHECK ( ) RESPONDENT				
1. Relationship to Head	HEAD			
2. How old are you (is s/he)?				
3. (IF 14+) Marital Status	M W D S NM	M W D S NM	M W D S NM	
4. Sex	M F	M F	M F	
5. Are you (is s/he) enrolled in school?	Y N	Y N	Y N	
6. (IF YES) What is the name of the school?				
7. What grade or year is ... in? OR What was the last grade or year ... completed?				
8. (IF 18+) Are you (is s/he) a veteran?	Y N	Y N	Y N	
9. Where were you (was s/he) born?				
10. (IF NOT UNITED STATES) Is ... a citizen?	Y N	Y N	Y N	

	04	05	06	07	08
	M W D S NM	M W D S NM	M W D S NM	M W D S NM	M W D S NM
	M F	M F	M F	M F	M F
	Y N	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N	Y N
	Y N	Y N	Y N	Y N	Y N

IF MORE THAN EIGHT PERSONS IN HOUSEHOLD,
USE INSERT FORM

11. I have a few questions about this house (apartment). How many rooms do you have here, not counting baths? (COUNT KITCHEN; DON'T COUNT BASEMENT)

_____(# ROOMS)

12. How many of these rooms are meant to be bedrooms? _____(# BEDROOMS)

13. Do you own, are you buying, do you rent, or what?

__Own
__Buying → SKIP TO 14
__Rent
__Co-operative
__Condominium
__Other (SPECIFY) → SKIP TO 14

_____

13a. How much is the rent here? (Is that per week, per month, or what?) $_____ per _____

13b. Does the owner live here, in this building? __Yes __No

14. How long have you lived here, in this house (apartment)?

_____(# MONTHS), OR _____(# YEARS), OR since _____(MONTH), 19___(YEAR)

15. Have you been thinking about moving in the next year or so? __Yes __No (SKIP TO NEXT PAGE, Q 16)

15a. Where do you think you'll move (you would move)?

__Elsewhere in City of Detroit
__Other Michigan
__Outside Michigan
__Don't know

SPECIFY _____

15b. What would be your main reason for moving? _____

_____

15c. What are the chances that you'll really make the move? Are you very sure, pretty sure, or just thinking about it?

__Very sure __Pretty sure __Just thinking about it

16. During the past year, have you ever used your stove, fireplace, or something else to keep warm because you didn't get enough heat from the furnace? ___Yes ___No

17. In the last 90 days, have any electric fuses or breaker switches blown in your house (apartment)?

___Yes ___No (SKIP TO 18)

17a. How many times did this happen? ___Once ___Twice ___3 or more times

18. Do you have any trouble with rats? ___Yes ___No

19. What about mice--do you have trouble with them? ___Yes ___No

20. Do you have cockroaches here? ___Yes ___No

21. Is there any broken plaster or peeling paint on the ceiling or inside walls?

___Yes ___No (SKIP TO 22)

21a. Is the area of broken plaster or paint larger than this paper? (SHOW QUESTIONNAIRE OPENED UP DOUBLE PAGE)

___Yes ___No

22. Thinking now about your neighborhood, what are the things you like about it?

_____

_____

_____

_____

23. What things, if any, do you dislike about this neighborhood? _____

_____

_____

_____

_____

24. The City of Detroit has a program called Neighborhood City Halls. Do you know if there's a Neighborhood City Halls near here? (Where is it?)

___Yes (SPECIFY LOCATION)_____ ___No
___Don't know → SKIP TO 25

24a. Have you used the services the Neighborhood City Hall offers? ___Yes ___No

25. Do you have a block club or community organization here? ___Yes ___No (SKIP TO 26)

25a. What is the name of it? _____

25b. About how many meetings have you attended over the past year? _____(# MEETINGS)

26. INTERVIEWER: IS R THE PARENT OR GUARDIAN OF A SCHOOL AGE CHILD? ___Yes ___No (SKIP TO 27)

26a. During the past year, how often would you say you (and/or your SPOUSE) attended meetings about the public school system such as a PTA or Regional School Board meeting? Would you say you've gone to most or all of them, gone just occasionally, or never?

___Most or all of them ___Occasionally ___Never

27. In the last year, how often would you say someone in your family has used the public library...would you say once a week or more, about once or twice a month, less often than that, or never?

___Once a week or more ___Once or twice a month ___Less often ___Never (SKIP TO 28)

27a. What library do you usually go to? _____

28. Turning now to recreation, when you get a few hours to get out and enjoy yourself away from the house, what do you usually do?

_____

_____

_____

29. In the last month or so, how often has someone in this family gone to a city park, playground or recreation center here in the neighborhood?

___Once a week or more ___Two or three times ___Once ___Not at all (SKIP TO 30)

29a. Which one(s) did they go to? _____

29b. What did they do there? _____

30. Here is a list of recreational facilities in and around Detroit. (SHOW CARD A) Please tell me how often, over the past year, one or more people in your family living here used each of them.

	Never	Once	2-3 times	4 or more times
PARKS				
A. Belle Isle				
B. Chandler Park				
C. Rouge Park				
D. Eliza Howell Park				
E. Palmer Park				
F. Huron-Clinton Parks				
MUSEUMS				
G. Art Institute				
H. Children's Museum				
I. Historical Museum				
J. Detroit Science Center				
OTHER FACILITIES				
K. Detroit Zoo (in Royal Oak)				
L. Main Library				
M. Ethnic Festivals				

31. Turning now to the police, would you say, in general, they are doing an excellent job, a good job, a fair job, or a poor job here in this r hborhood?

___Excellent (SKIP TO 32) ___Good (SKIP TO 32) ___Fair ___Poor

31a. In what ways do you think police service could be improved in this neighborhood?

_____

_____

32. Suppose you saw someone breaking into a neighbor's home and you called the police. How long do you think it would take the police to get here?

_____(# MINUTES), OR _____

33. Some people think that if a police officer does wrong, he is protected by the Police Department. Do you think this is true of the Detroit Police?

___Yes ___No ___Don't know

34. How safe do you feel being out alone in your neighborhood during the day? Would you say very safe, reasonably safe, somewhat unsafe, or very unsafe? How about at night?--how safe do you feel then?

	Very safe	Reasonably safe	Somewhat unsafe	Very unsafe
Day				
Night				

35. Are there some parts of Detroit where you might want to go but are afraid to? (Where in the city is that?)

___Nowhere afraid to go, OR_____

36. Have you done anything here in your house (apartment) to help prevent being robbed or burglarized? (What have you done?)

___No, nothing, OR_____

37. In your opinion, what is the major crime problem here in your neighborhood?

_____

38. During the past year, have you (or anyone else, living here) been the victim of a crime against you or your property?

__Yes __No (SKIP TO 44, NEXT PAGE)

39. What happened? _____

_____

_____

40. INTERVIEWER: HOW MANY INCIDENTS HAS R REPORTED? _____(# INCIDENTS)

IF MORE THAN ONE INCIDENT, UNDERLINE OR CIRCLE THE MOST RECENT ONE IN Q 39. ASK ALL Qs BELOW ABOUT THAT INCIDENT.

41. INTERVIEWER: WAS THERE AN ACTUAL CONFRONTATION BETWEEN CRIMINAL AND VICTIM? __Yes __No (SKIP TO 42)

41a. Did the criminal use a weapon? __Yes __No

41b. Did you (s/he) know the criminal or was s/he a stranger?

__Knew criminal __Stranger (SKIP TO 41d)

41c. Who was it? (GET RELATIONSHIP, NOT NAME)_____

41d. Were you (was s/he) injured? __Yes __No

42. INTERVIEWER: WAS THIS A BURGLARY OR ROBBERY FROM R'S DWELLING? __Yes __No (SKIP TO 43)

42a. What was taken? _____

42b. Was the property indoors or outside? __Indoors __Outside

42c. Was there evidence of forced entry such as a broken window or lock? __Yes __No

43. Did you report this incident to the police? __Yes (SKIP TO 44, NEXT PAGE) __No

43a. Why not? _____

_____

44. Now I have a few questions about health. What kind of health insurance do you have? (CIRCLE AS MANY AS APPLY; ADD ANY OTHERS)

__None (SKIP TO 45)

__Blue Cross/Blue Shield __CHA/Metro __Medicare __Medicaid

__Private insurance co. Other (SPECIFY)_____

(IF HAS ANY HEALTH INSURANCE)

44a. Are all the people living here covered by health insurance, or are some of them not included?

__All covered (SKIP TO 44c) __Some not included

44b. Which people living here are not covered by health insurance? (LIST PERSON NUMBERS)

___, ___, ___, ___, ___, ___

44c. Do you also happen to have insurance that pays for all or part of your dental bills? __Yes __No

45. During the past 12 months, have you or someone in the family had a health problem which you would have liked to see a doctor about, but did not for some reason?

__Yes __No (SKIP TO 46)

45a. What was the reason you didn't see a doctor? _____

_____

_____

46. Where would you go if you or someone in the family became ill? _____

_____

47. Does anyone living here have a continuing health problem or physical handicap that limits the kinds of things he can do? (Who is that?) (Is there anyone else?)

___No one (SKIP TO 48) ___Yes, someone

47a. What kind of problem is it? (ENTER BELOW)

47b. Does it keep him from working (around the house) or going to school? (CIRCLE BELOW)

Person Number	Health Problem or Handicap	Keep from working or going to school
		Yes No
		Yes No
		Yes No

48. INTERVIEWER: ARE THERE CHILDREN UNDER TEN IN HOUSEHOLD?

___YES (GO ON TO NEXT PAGE ON IMMUNIZATION)

___NO (SKIP TO PAGE 13 FOR RESPONDENT LABOR FORCE SET)

THIS PAGE FOR CHILDREN UNDER TEN ONLY

ENTER NAME, IF DESIRED, AND PERSON NUMBER FOR EACH CHILD IN THE HOUSEHOLD UNDER TEN IN THE SPACE AT THE TOP OF EACH COLUMN. ASK QUESTIONS BELOW FOR EACH SUCH CHILD.

	NAME	NAME	NAME
49. Has ... had vaccine or shots against: (when was the last one?)	PER.#	PER.#	PER.#
	Date	Date	Date
a. DPT (diphtheria, whooping cough, tetanus)	Y N DK	Y N DK	Y N DK
b. Polio (shots or oral)	Y N DK	Y N DK	Y N DK
c. Measles (10 day)	Y N DK	Y N DK	Y N DK
d. Mumps	Y N DK	Y N DK	Y N DK
e. German measles (3 day; rubella)	Y N DK	Y N DK	Y N DK
50. Has ... has his (her) eyes examined?	Yes No DK	Yes No DK	Yes No DK
51. Has ... ever had a hearing test?	Yes No DK	Yes No DK	Yes No DK
52. Has ... ever been to a dentist?	Yes No DK	Yes No DK	Yes No DK

	NAME	NAME	NAME
49. Has ... had vaccine or shots against: (when was the last one?)	PER.#	PER.#	PER.#
	Date	Date	Date
a. DPT (diphtheria, whooping cough, tetanus)	Y N DK	Y N DK	Y N DK
b. Polio (shots or oral)	Y N DK	Y N DK	Y N DK
c. Measles (10 day)	Y N DK	Y N DK	Y N DK
d. Mumps	Y N DK	Y N DK	Y N DK
e. German measles (3 day; rubella)	Y N DK	Y N DK	Y N DK
50. Has ... had his (her) eyes examined?	Yes No DK	Yes No DK	Yes No DK
51. Has ... ever had a hearing test?	Yes No DK	Yes No DK	Yes No DK
52. Has ... ever been to a dentist?	Yes No DK	Yes No DK	Yes No DK

THIS LABOR FORCE SET IS FOR THE RESPONDENT

53. What were you doing most of last week? Were you working, looking for work, keeping house, going to school, or what?

__Working (SKIP TO 54) __Looking __Keeping house __School __Unable to work (SKIP TO 59, NEXT PG) Other _____

53a. Did you do any work last week for pay? (IF BUSINESS OPERATOR IN HOUSEHOLD ASK ABOUT UNPAID WORK)

__Yes (SKIP TO 54) __No

53b. Did you have a job or business from which you were temporarily absent or on layoff last week?

__Yes (SKIP TO 61, TOP OF PAGE 15) __No

53c. Have you been looking for work during the last four weeks?

__Yes __No (SKIP TO 59, NEXT PAGE) __Has new job to start within 30 days (SKIP TO 55, NEXT PG)

53d. What have you been doing in the last four weeks to find work? (MARK ALL METHODS USED; DO NOT READ LIST)

__Public employment agency
__Private employment agency
__Contacted employers directly
__Friends or relatives
__Placed or answered ads
__Nothing (SKIP TO 59, NEXT PAGE)

(IF SOMETHING DONE, GO TO 55, NEXT PAGE)

WORKING

54. How many hours a week do you usually work? _____(# HOURS)

(IF LESS THAN 35 HOURS, ASK:)
54a. Would you prefer to be working full-time if work were available?

__Yes __No

GO TO 65, PAGE 15

LOOKING

55. Why did you start looking for work? Was it because you lost or quit a job at that time (PAUSE), or was there some other reason?

___Lost job ___Quit job ___Left school Other (SPECIFY)_____

56. How many weeks ago did you start looking for work? _____(# WEEKS)

57. Are (Were) you looking for full-time or part-time work? ___Full ___Part ___Either

58. Is there any reason why you could not take a job last week? (Why is that?)

___No, no reason, OR _____

SKIP TO 60

NOT IN LABOR FORCE

59. What would you say is the main reason you're not working now? _____

_____

GO ON TO 60

ALL WITHOUT JOB CURRENTLY

60. When did you last work at a job or business lasting two consecutive weeks or more?

___Less than 1 year ___1-2 years ___3-4 years ___5+ years ___Never (SKIP TO INSTRUCTIONS, NEXT PAGE)

60a. What kind of work were you doing on your last job? (BE SPECIFIC)

_____

60b. What kind of business or industry was that? _____

_____

60c. Were you self-employed, working for a private company, working for the government, or what?

___Self-employed ___Private ___Govt. ___Unpaid worker in fam. bus.

60d. How many hours a week did you usually work on that job? _____(# HOURS)

60e. Why did you leave that job? _____

_____

TEMPORARILY ABSENT OR ON LAYOFF

61. Why were you absent from work last week? _____

62. How many weeks have you been gone from work because of (REASON)? _____(# WEEKS)

63. Are you getting wages or salary for any of the time off last week? ___Yes ___No

64. Do you usually work 35 hours or more a week at this job? ___Yes ___No

GO ON TO 65

ALL CURRENTLY WITH A JOB

65. For whom do (did) you work? (NAME OF COMPANY, BUSINESS, ORGANIZATION, OR OTHER EMPLOYER)

_____

66. Where is that located? (Where exactly do you work?) (GET EXACT ADDRESS OR CROSS STS.)

_____ _____
(ADDRESS OR CROSS STREETS) (CITY)

67. What kind of business or industry is this? _____

68. What kind of work are (were) you doing? (BE SPECIFIC; GET JOB TITLE IF POSSIBLE)

_____

69. Are (were) you self-employed, working for a private company, for the government, or what?

___Self-employed ___Private ___Government ___Unpaid in fam. business

70. How do (did) you usually get to work--drive, ride with someone else, carpool, bus, or what?

___Drive ___Ride ___Carpool ___Bus ___Walk ___Work at home

___Other (SPECIFY)_____

71. How long have you been working for (NAME OF EMPLOYER)? _____(MOS.), OR _____(YRS.)

(IF LESS THAN TWO YEARS, ASK:)
71a. How did you find that job? _____

INTERVIEWER: IF ANOTHER PERSON 16+ IN HOUSEHOLD, GO ON TO PAGE 16

IF NO ONE ELSE 16+, AND THERE ARE CHILDREN UNDER 6 IN HOUSEHOLD, GO ON TO CHILD CARE PIGGYBACK

IF NO ONE ELSE 16+ AND NO CHILDREN UNDER 6, SKIP TO PAGE 19

THIS LABOR FORCE SET IS FOR PERSON #_____ SAMPLE NUMBER_____

53. Now I'd like to ask these questions about (PERSON). What was s/he doing most of last week--working, looking for work, keeping house, going to school, or what?

__Working (SKIP TO 54) __Looking __Keeping house __School __Unable to work (SKIP TO 59, NEXT PG) __Other _____

53a. Did (PERSON) do any work last week for pay? (IF BUSINESS OPERATOR IN HOUSEHOLD ASK ABOUT UNPAID WORK)

__Yes (SKIP TO 54) __No

53b. Did s/he have a job or business from which s/he was temporarily absent or on layoff last week?

__Yes (SKIP TO 61, TOP OF PAGE 18) __No

53c. Has s/he been looking for work during the last four weeks?

__Yes __No (SKIP TO 59, NEXT PAGE) __Has new job to start within 30 days (SKIP TO 55, NEXT PG)

53d. What has (PERSON) been doing in the last four weeks to find work? (MARK ALL METHODS USED; DO NOT READ LIST)

__Public employment agency
__Private employment agency
__Contacted employers directly
__Friends or relatives
__Placed or answered ads
__Nothing (SKIP TO 59, NEXT PAGE)

(IF SOMETHING DONE, GO TO 55, NEXT PAGE)

WORKING

54. How many hours a week does (PERSON) usually work? _____(# HOURS)

(IF LESS THAN 35 HOURS, ASK:)
54a. Would s/he prefer to be working full-time if work were available?

__Yes __No

GO TO 65, PAGE 18

LOOKING

55. Why did (PERSON) start looking for work? Was it because s/he lost or quit a job at that time (PAUSE), or was there some other reason?

___Lost job ___Quit job ___Left school Other (SPECIFY)_____

56. How many weeks ago did s/he start looking for work? _____(# WEEKS)

57. Is (Was) s/he looking for full-time or part-time work? ___Full ___Part ___Either

58. Is there any reason why (PERSON) could not take a job last week? (Why is that?)

___No, no reason, OR_____

SKIP TO 60

NOT IN LABOR FORCE

59. What would you say is the main reason (PERSON) is not working now? _____

_____

GO ON TO 60

ALL WITHOUT JOB CURRENTLY

60. When did (PERSON) last work at a job or business lasting two consecutive weeks or more?

___Less than 1 year ___1-2 years ___3-4 years ___5+ years ___Never (SKIP TO INSTRUCTIONS, NEXT PG)

60a. What kind of work was (PERSON) doing on his (her) last job? (BE SPECIFIC)

_____

60b. What kind of business or industry was that? _____

_____

60c. Was s/he self-employed, working for a private company, working for the government, or what?

___Self-employed ___Private ___Govt. ___Unpaid worker in family business

60d. How many hours a week did s/he usually work on that job? _____(# HOURS)

60e. Why did (PERSON) leave that job? _____

_____

TEMPORARILY ABSENT OR ON LAYOFF

61. Why was (PERSON) absent from work last week? _____

62. How many weeks has ... been gone from work because of (REASON?) _____(# WEEKS)

63. Is s/he getting wages or salary for any of the time off last week? ___Yes ___No

64. Does ... usually work 35 hours or more a week at this job? ___Yes ___No

GO ON TO 65

ALL CURRENTLY WITH A JOB

65. For whom does (did) ... work? (NAME OF COMPANY, BUSINESS, ORGANIZATION, OR OTHER EMPLOYER)

_____

66. Where is that located? (Where exactly does ... work?) (GET EXACT ADDRESS OR CROSS STS.)

_____ _____
(ADDRESS OR CROSS STREETS) (CITY)

67. What kind of business or industry is this? _____

68. What kind of work is (was) ... doing? (BE SPECIFIC; GET JOB TITLE IF POSSIBLE)

_____

69. Is (was) ... self-employed, working for a private company, for the government, or what?

___Self-employed ___Private ___Government ___Unpaid in fam. business

70. How does (did) ... usually get to work--drive, ride with someone else, carpool, bus, or what?

___Drive ___Ride ___Carpool ___Bus ___Walk ___Work at home

___Other (SPECIFY)_____

71. How long has ... been working for (NAME OF EMPLOYER)? _____(MOS.), OR _____(YRS.)

(IF LESS THAN TWO YEARS, ASK:)
71a. How did ... find that job? _____

INTERVIEWER: IF ANOTHER PERSON 16+ IN HOUSEHOLD, REPEAT PAGES 16-18 ON EXTRA SET

IF NO ONE ELSE 16+, AND THERE ARE CHILDREN UNDER 6 IN HOUSEHOLD, GO ON TO CHILD CARE PIGGYBACK

IF NO ONE ELSE 16+ AND NO CHILDREN UNDER 6, GO ON TO PAGE 19

ALL RESPONDENTS

72. Now I have just a few last questions. What would you say is your national origin or ethnic group?

_____

(IF "AMERICAN", AND R IS NOT BLACK, ASK:)
72a. What country did your family come from originally?

_____

73. (IF R HAS SPOUSE PRESENT IN HOUSEHOLD)
What about your (SPOUSE)? What would you say is his (her) national origin or ethnic group?

_____

(IF "AMERICAN", AND SPOUSE IS NOT BLACK, ASK:)
73a. What country did his (her) family come from originally?

_____

74. How many cars or trucks are owned or used regularly by the people who live here?

___None ___One ___Two ___Three or more

75. In the last 12 months, how much did ... earn in wages, salaries, tips and commissions (before taxes and deductions)? OBTAIN GROSS INCOME FROM WAGES, SALARIES, ETC. FOR ALL PERSONS 14 AND OVER IN HOUSEHOLD.

Person Number	Amount
___	$_____
___	_____
___	_____
___	_____
___	_____
___	_____
TOTAL	$_____

76. In the past twelve months, how much did this family earn in net income from its own business, professional practice, or partnership?

___None ___Lost money Earned $_____

77. In the past 12 months, did any member of this family receive any money from... (CHECK ALL THAT APPLY)

NOTES

___Social Security or Railroad Retirement payments

___Estates, trusts, or dividends

___Net rental income

___Welfare payments or other public assistance (ADC; ADCU)

___Unemployment compensation

___Supplemental unemployment benefits (SUB)

___Workmen's compensation

___Government or private pensions or annuities

___Alimony or child support

___Veterans' payments, GI Bill

___Regular contributions from friends or relatives not living in this household

___Anything else? (SPECIFY)_____

_____

(IF YES TO ONE OR MORE ABOVE)

77a. In the past twelve months, how much did your family receive, altogether, from (READ CHECKED SOURCES) (USE NOTES SPACE ABOVE FOR CALCULATIONS) $_____

78. May I have your telephone number? _____(PHONE NUMBER) ___No phone

That's all the questions I have. Thank you very much for your time.

THE TIME IS NOW _____(a.m.; p.m.)

INTERVIEWER OBSERVATION ITEMS

1. R's race is: __White __Black Other (SPECIFY)_____

2. Do you believe R is Latino? __Yes __No

3. This housing unit is in a:

__Single family home
__Duplex (2 units side by side)
__Row house (3 or more attached units side by side)
__Flat or income (units on top of each other running from front to back of structure)
__Regular apartment house
__Hotel
__Old house broken into apartments
__Rooming or boarding house
__Mixed commercial/residential
__Other (SPECIFY)_____
_____

4. This structure has _____ housing units in it.

5. Is this housing unit in a public housing project? __Yes __No

6. Respondent's cooperation was: __Excellent __Good __Fair __Poor

7. Did anything come up in discussion with R that needs follow-up from the office?

__Nothing, or _____
_____
_____

8. Thumbnail Sketch_____
_____
_____
_____
_____
_____
_____
_____
_____

DO STRUCTURE CONDITION RATING ON PAGE 22

CLASSIFICATION TABLE: DETERIORATION INDEX

Degree of deterioration is numeral in column at right

TYPE OF DETERIORATION	PROPORTION DETERIORATED			
	Small Fist, but not foot	*Moderate* Foot, but not 1/4	*Large* 1/4 but not 1/2	*Extreme* 1/2 or more
Shell Elements (Walls, ceilings and floors) Hole, or Surface Worn				
1. HOLE through protective surface	0	0	1	1
2. HOLE through structural surface	1	1	2	2
3. HOLE through construction	1	2	2	2
4. WEAR/structural surface/shallow(not 1/4")..	0	0	1	1
5. WEAR/structural surface/deep(1/4" +)	0	1	2	2
Surface Broken or Loose				
6. BREAK: STRAIGHT in structural surface: narrow (1/16", but not 1/4")	0	0	1	1
7. BREAK: STRAIGHT in structural surface: wide (1/4" or more)	0	1	1	2
8. BREAKS: GENERAL in protective surface	0	0	1	1
9. BREAKS: GENERAL in structural surface	0	1	2	2
10. LOOSE protective surface	0	0	1	1
11. LOOSE structural surface	0	1	2	2
		1 case, not 1/4	1/4 but not 1/2	1/2 or more
Stairs (Steps and rails)				
12. BALUSTERS: missing, worn, broken or loose..	-	0	1	2
13. TREADS: with deep wear or incidental breaks	-	0	1	2
	NUMBER OF CASES DETERIORATED			
	One	Two	Three	Four+
14. TREAD: with hole under 1 square foot, nosing missing, any major break, or loose	1	1	2	2
15. TREAD: with hole 1 square foot or over, or missing	2	2	2	2
16. RISER: missing, with hole, broken or loose	0	1	1	2
17. STEP: settled, or other hazardous condition	1	1	2	2
18. MAIN RAIL: with deep wear, broken or loose	1	2	2	2
19. MAIN RAIL: missing	2	2	2	2
Windows				
20. SASH OR FRAME: worn, broken or loose	1	1	2	2
21. SASH OR FRAME: missing	2	2	2	2
22. PANE: missing, with hole, or generally broken	0	1	1	2
Support Deteriorated; Collapse of Shell or Steps (Report either type in two entry items)				
23. SUPPORT OF SHELL OR OF STAIRS worn, broken or loose	1	1	2	2
24. SHELL ELEMENT OR FLIGHT OF STEPS collapsed or in apparent danger of collapse	2	2	2	2

CLASSIFICATION TABLE: DETERIORATION INDEX

Degree of deterioration is numeral in column at right

TYPE OF DETERIORATION	PROPORTION DETERIORATED			
	Small Fist, but not foot	*Moderate* Foot, but not 1/4	*Large* 1/4 but not 1/2	*Extreme* 1/2 or more
Shell Elements (Walls, ceilings and floors) Hole, or Surface Worn				
1. HOLE through protective surface	0	0	1	1
2. HOLE through structural surface	1	1	2	2
3. HOLE through construction	1	2	2	2
4. WEAR/structural surface/shallow(not 1/4")	0	0	1	1
5. WEAR/structural surface/deep(1/4" +)	0	1	2	2
Surface Broken or Loose				
6. BREAK: STRAIGHT in structural surface: narrow (1/16", but not 1/4")	0	0	1	1
7. BREAK: STRAIGHT in structural surface: wide (1/4" or more)	0	1	1	2
8. BREAKS: GENERAL in protective surface	0	0	1	1
9. BREAKS: GENERAL in structural surface	0	1	2	2
10. LOOSE protective surface	0	0	1	1
11. LOOSE structural surface	0	1	2	2
		1 case, not 1/4	1/4 but not 1/2	1/2 or more
Stairs (Steps and rails)				
12. BALUSTERS: missing, worn, broken or loose	-	0	1	2
13. TREADS: with deep wear or incidental breaks	-	0	1	2
	NUMBER OF CASES DETERIORATED			
	One	Two	Three	Four+
14. TREAD: with hole under 1 square foot, nosing missing, any major break, or loose	1	1	2	2
15. TREAD: with hole 1 square foot or over, or missing	2	2	2	2
16. RISER: missing, with hole, broken or loose	0	1	1	2
17. STEP: settled, or other hazardous condition	1	1	2	2
18. MAIN RAIL: with deep wear, broken or loose	1	2	2	2
19. MAIN RAIL: missing	2	2	2	2
Windows				
20. SASH OR FRAME: worn, broken or loose	1	1	2	2
21. SASH OR FRAME: missing	2	2	2	2
22. PANE: missing, with hole, or generally broken	0	1	1	2
Support Deteriorated; Collapse of Shell or Steps (Report either type in two entry items)				
23. SUPPORT OF SHELL OR OF STAIRS worn, broken or loose	1	1	2	2
24. SHELL ELEMENT OR FLIGHT OF STEPS collapsed or in apparent danger of collapse	2	2	2	2

NON-INTERVIEW FORM

Why wasn't an interview taken at this address?

___Housing Unit Vacant (GO TO INSIDE FRONT COVER)

___Can't find (EXPLAIN IN FULL ON INSIDE FRONT COVER)

___Group Quarters (GO TO 6, BOTTOM OF THIS PAGE)

___Address is non-residential (EXPLAIN IN CALLS BOX)

___Other reason--this is an occupied housing unit

ALSO DO BLIGHT RATING ON INSIDE BACK

1. Did contacts at this housing unit result in:

   ___Refusal ___No one ever at home ___Other

   Explain circumstances: _____

   _____

   _____

   _____

ANSWER Qs BELOW TO THE BEST OF YOUR ABILITY; AN INFORMED GUESS IS OK

2. R's race is: ___White ___Black Other_____

3. Do you believe R is Latino? ___Yes ___No

4. Total number of people living in HU is: _____(# PEOPLE)

5. Estimated age of HEAD: _____(AGE)

GO TO INSIDE FRONT COVER, Q 4

FOR ALL GROUP QUARTERS:

6. How many people live in this place, altogether? _____(# PEOPLE)

7. Describe the nature of the place (dormitory, convent, etc.):

   _____

_____ SAMPLE NUMBER

INTERVIEWER _____ DATE INTERVIEW TAKEN _____

WSU/Center for Urban Studies Supplement
H.E.W. Child Care Study

CITY OF DETROIT

PLANNING DEPARTMENT

DATA COORDINATION DIVISION

DETROIT CITIZEN SURVEY

Now I would like to ask you some questions about your child care arrangements. First, just to be sure, there is (are) _____ children under the age of six living in this household?
Number

October, 1975

1. What arrangements do you usually make for child care when you can't do it yourself? Please tell me all the types of child care you use now. PROBE			
2. If more than one child: Which child do you use ....*(Type)* for?			
3. Would you look at this card (CARD B) and tell me which reasons explain why you use ....*(Type)*. PROBE 4. Now, which is the most important reason. CIRCLE			
5. What days of the week do you usually use ....*(Type)*? OR About how many days a week do you usually use ....*(Type)*?	M T W Th F S S	M T W Th F S S	
6. What time of day do you usually begin and end ....*(Type)*? OR About how many hours a week do you usually use ....*(Type)*?	Begin: am / pm — End: am / pm	Begin: am / pm — End: am / pm	
7. Looking at this card (CARD C), If 5 represents most satisfied and 1 least satisfied. Which number best shows how satisfied you are with this type of child care?	1 2 3 4 5	1 2 3 4 5	
8. Using this same card, tell me which number best shows how your child feels about this arrangement. REPEAT FOR EACH CHILD	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5	
9. Do you pay anything for this child care?	Y N	Y N	
IF YES: 10. What is the total amount, not including transportation, you spend each week?	$/wk | trade | R/B	$/wk | trade | R/B	
11. Do you pay transportation costs?	Y N	Y N	
IF YES: 12. What is the total amount you pay each week?	$/week	$/week	

CODES: Question 1

In Own Home:	Out of Own Home:
11. With respondent	21. Relative's home
12. Spouse	22. Non-relative's home
13. Child's Sister/Brother	23. Nursery/presch/coop.
14. Other relative	24. Daycare Center
15. Non-relative	25. Headstart/Follow thru
16. Stays by self	26. Public or private Kindergarten
	27. By parent at work

M T W Th F S S	M T W Th F S S	M T W Th F S S	M T W Th F S S	M T W Th F S S
Begin am pm / End am pm	Begin am pm / End am pm	Begin am pm / End am pm	Begin am pm / End am pm	Begin am pm / End am pm
1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
1 2 3 4 5 1 2 3 4 5 1 2 3 4 5	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5	1 2 3 4 5 1 2 3 4 5 1 2 3 4 5
Y N	Y N	Y N	Y N	Y N
$/wk / trade / R/B	$/wk / trade / R/B	$/wk / trade / R/B	$/wk / trade / R/B	$/wk / trade / R/B
Y N	Y N	Y N	Y N	Y N
$/week	$/week	$/week	$/week	$/week

CARD B: Question 3

1. For emergencies/illness
2. My child and I need to get away from each other sometimes
3. Shopping or doing errands
4. School or job training
5. To help my child learn the things he/she needs for school
6. To work or look for work
7. To keep appointments (doctors, etc.)
8. For community, political, volunteer activities
9. To help my child be more sociable and independent
10. Social, sports, leisure activities
11. To help my child with a physical handicap or disorder

13. Did social services give you any help in paying for your child care?

____ Yes ____ No

14. Does anyone else, not in your household, help pay the cost of child care?

____ Yes ____ No (Skip to 15)

14a. Who? _____

15. Did you take an income tax deduction last year for child care payments?

____ Yes ____ No

IN-HOME CARE
IRREGULAR USE → SKIP TO PAGE 5, Q 22

OUT OF HOME, REGULAR USE:

	Type of Child Care (RECORD Code(s) from Q 1)					
	Code:		Code:		Code:	
	To	From	To	From	To	From
16. How does ....*(child)* usually get to and from ....*(type)*?						
17. Who usually takes ....*(him/her)* to and from ....*(type)*?						
18. How long does it take to get from home to ....*(type)*?						
19. Does ....*(who takes)* usually go on to work?	Y	N	Y	N	Y	N
IF YES: 20. How long does it take to get to work from ....*(type)*?						
21. How long would it take to get to work if ....*(child)* weren't dropped off at ...*(type)*?						

CODES: Question 16

MODE
1. Child care service takes them
2. Bus (DSR)
3. Private car
4. Car pool
5. Walk
6. Taxi
7. Other: specify

CODES: Question 17

WHO TAKES
1. The child care people
2. Mother
3. Father
4. Other relative
5. Non-relative
6. Child goes alone
7. Another child
8. Other: specify

EVERYONE:

22. Did you seriously consider any other type of child care before you chose the main one you now use?

____ Yes ____ No → SKIP TO Q25

23. Which ones did you consider CHECK (✓) IN BOX BELOW.

24. Please tell me the main reason (CARD D) why you decided not to use ....*(type)*. RECORD BELOW

CARD D: Questions 23 & 24

TYPES OF CHILD CARE	Q23 (✓) Type	Q24 Reason
In Own Home:		
11. With respondent		
12. Spouse		
13. Child's Sis/Broth		
14. Other relative		
15. Non-relative		
16. Stays by self		
Out of Own Home:		
21. Relative's home		
22. Non-rel's home		
23. Nursery/presch/ coop		
24. Daycare Center		
25. Headstart/ Follow thru		
26. Public or private kindergarten		
27. By parent at work		

CARD D: Question 24

1. Too expensive
2. Did not like location
3. Transportation problems
4. Inconvenient hours
5. Child not right age
6. Didn't work out for other child
7. Child not accepted/ waiting list
8. Things about place/ persons didn't like
9. Alternative not available
10. Child has special problems or needs
11. Other: Specify ____

IF NO:

25. What are the reasons you were interested only in this type of care?

_____

_____

_____

26. Many parents find there are things they would like to do but can't, or things they have problems doing because they have little children. Looking at this card (CARD E), are there any particular things you can't do or have problems doing because of child care? CHECK BELOW

CARD E: Question 26	Q26 (✓)	Q27 USE CODES
0. None		
1. To work or look for work		
2. To go to school or take job training		
3. To keep appointments (doctors, etc.)		
4. To do shopping or run errands		
5. To allow for leisure, social, sport activities		
6. To carry on community, political, volunteer activities		
7. For emergencies/illness		

CODES: Question 1

In Own Home:
11. With respondent
12. Spouse
13. Child's Sis/ Brother
14. Other relative
15. Non-relative
16. Stays by self

Out of Own Home:
21. Relative's home
22. Non-rel's home
23. Nursery/presch/ coop.
24. Daycare Center
25. Headstart/Follow thru
26. Public or private Kindergarten
27. By parent at work

27. What type of child care do you think would help the most? RECORD ABOVE

28. We may have talked about this earlier, but just to make sure, we want to ask you if your child(ren) has (have) any problems with:

	YES	NO	Which Child
eyesight	Y	N	
hearing	Y	N	
speech/language	Y	N	
development: walking, talking	Y	N	

29. People have concerns in a wide variety of areas. Are there any other areas about your child(ren) that you have concerns?

_____

_____

_____

_____

Table A-1: Main Reason by Type of Care for Child Care Arrangements

	SPOUSE	RELATIVE IN HOME	RELATIVE OUT OF HOME	NON-RELATIVE IN HOME	NON-RELATIVE OUT OF HOME	FORMAL CARE	KINDER-GARTEN	TOTAL
EMERGENCIES/ILLNESS	1072	4406	4049	1191	2382	0	0	13099
	8.2	33.6	30.9	9.1	18.2	0.0	0.0	9.9
RELIEF FROM CHILD CARE	357	476	476	238	119	0	238	1905
	18.7	25.0	25.0	12.5	6.3	0.0	12.5	1.4
SHOPPING OR DOING ERRANDS	9884	8693	4168	2024	2620	0	119	27507
	35.9	31.6	15.2	7.4	9.5	0.0	0.4	20.7
SCHOOL OR JOB TRAINING	953	1905	1786	357	595	953	119	6668
	14.3	28.6	26.8	5.4	8.9	14.3	1.8	5.0
TEACH CHILD SKILLS	0	0	0	0	238	1905	7264	9407
	0.0	0.0	0.0	0.0	2.5	20.3	77.2	7.1
WORK OR LOOK FOR WORK	4525	6073	5001	2024	4287	3811	0	25721
	17.6	23.6	19.4	7.9	16.7	14.8	0.0	19.4
KEEP APPOINTMENTS	1667	3691	3691	953	2263	119	0	12384
	13.5	29.8	29.8	7.7	18.3	1.0	0.0	9.3
COMMUNITY, POLITICAL, VOLUNTEER ACTIVITIES	953	714	0	0	476	0	0	2143
	44.4	33.3	0.0	0.0	22.2	0.0	0.0	1.6
HELP CHILD BE SOCIABLE/INDEPENDENT	0	0	476	238	476	1310	119	2620
	0.0	0.0	18.2	9.1	18.2	50.0	4.5	2.0
SOCIAL, SPORTS, LEISURE ACTIVITIES	2858	7740	11432	5597	3334	119	0	31080
	9.2	24.9	36.8	18.0	10.7	0.4	0.0	23.4
HELP CHILD WITH PHYSICAL HANDICAP	0	0	0	0	0	238	0	238
	0.0	0.0	0.0	0.0	0.0	100.0	0.0	0.2
COLUMN TOTAL	22268	33699	31080	12622	16790	8455	7859	132773
	16.8	25.4	23.4	9.5	12.6	6.4	5.9	100.0

(N=1115)

a) Percents are based on Main Reason.

Table A-2: All Reasons by Type of Care for Child Care Arrangements

	SPOUSE	RELATIVE IN HOME	RELATIVE OUT OF HOME	NON-RELATIVE IN HOME	NON-RELATIVE OUT OF HOME	FORMAL CARE	KINDER-GARTEN	TOTAL
EMERGENCIES/ILLNESS	4882	15242	12741	4168	5597	119	0	42749
	11.4	35.7	29.8	9.7	13.1	0.3	0.0	26.9
RELIEF FROM CHILD CARE	2858	2620	3453	714	1191	238	238	11312
	25.3	23.2	30.5	6.3	10.5	2.1	2.1	7.1
SHOPPING OR DOING ERRANDS	18814	21196	15361	6549	7383	1191	119	70613
	26.6	30.0	21.8	9.3	10.5	1.7	0.2	44.4
SCHOOL OR JOB TRAINING	2263	2739	2858	595	1548	1548	238	11789
	19.2	23.2	24.2	5.1	13.1	13.1	2.0	7.4
TEACH CHILD SKILLS	119	0	119	238	238	3096	7264	11074
	1.1	0.0	1.1	2.2	2.2	28.0	65.6	7.0
WORK OR LOOK FOR WORK	6549	9526	9050	3215	5835	4406	0	38581
	17.0	24.7	23.5	8.3	15.1	11.4	0.0	24.3
KEEP APPOINTMENTS	9764	16671	13813	3930	6430	476	0	51085
	19.1	32.6	27.0	7.7	12.6	0.9	0.0	32.1
COMMUNITY, POLITICAL VOLUNTEER ACTIVITIES	2501	1310	1072	357	714	238	0	6192
	40.4	21.2	17.3	5.8	11.5	3.8	0.0	3.9
HELP CHILD BE SOCIABLE/INDEPENDENT	714	1310	1905	595	834	1905	119	7383
	9.7	17.7	25.8	8.1	11.3	25.8	1.6	4.6
SOCIAL, SPORTS, LEISURE ACTIVITIES	8435	21077	22149	10241	7383	476	119	69898
	12.1	30.2	31.7	14.7	10.6	0.7	0.2	44.0
HELP CHILD WITH PHYSICAL HANDICAP	0	0	238	0	0	238	0	476
	0.0	0.0	50.0	0.0	0.0	50.0	0.0	0.3
COLUMN TOTAL	27983	41201	37391	16076	19053	9407	7859	158957
	17.6	25.9	23.5	10.1	12.0	5.9	4.9	100.0

(N=1335)

a) Percents are based on Reasons.
aa) Columns sum to more than column total because of multiple responses.

Table A-3: Distribution of Child Care Arrangements by Type of Care

	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT)	CUMULATIVE ADJ FREQ (PERCENT)
MALE SPOUSE OF PSYCH PARENT	33104	18.5	18.5
CHILD'S SIBLING	9645	5.4	23.9
OTHER RELATIVE	35723	20.0	43.9
NON-RELATIVE	16552	9.3	53.1
STAYS BY SELF	238	0.1	53.3
RELATIVE'S HOME	37748	21.1	74.4
NON-RELATIVE'S HOME	19410	10.9	85.2
NURSERY-PRESCHOOL-COOP	7978	4.5	89.7
DAY CARE CENTER	1548	0.9	90.5
HEADSTART-FOLOWTHROUGH	595	0.3	90.9
KINDERGARTEN	14647	8.2	99.1
BY PARENT AT WORK	357	0.2	99.3
FATHER-OUT OF HOME	1310	0.7	100.0
	178841	100.0	

Table A-4: Distribution of Income by Household

	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT)	CUMULATIVE ADJ FREQ (PERCENT)
0 - 1999	1548	1.7	2.0
2000 - 3999	9526	10.5	14.2
4000 - 5999	12741	14.1	30.6
6000 - 7999	8574	9.5	41.6
8000 - 09999	5359	5.9	48.5
10000 - 11999	6788	7.5	57.2
12000 - 13999	5597	6.2	64.4
14000 - 15999	5239	5.8	71.1
16000 - 17999	5359	5.9	78.0
18000 - 19999	4763	5.3	84.1
20000 - 21999	2620	2.9	87.5
22000 - 23999	2263	2.5	90.4
24000 AND ABOVE	7502	8.3	100.0
TOTAL	77878	100.0	

(N=654)

Table A-5: Beginning Time by Ending Time for Arrangements

Ending Time	TOT PCT	12:31AM -5:30AM	5:31AM -7:30AM	7:31AM -9:30AM	9:31AM -11:30AM	11:31AM -1:30PM	1:31PM -3:30PM	3:31PM -5:30PM	5:31PM -7:30PM	7:31PM -9:30PM	9:31PM -11:30PM	ROW TOTAL
		Beginning Time										
12:31AM -5:30AM		0	0	0	0	0	119	357	119	238	238	1072
		0.0	0.0	0.0	0.0	0.0	0.2	0.7	0.2	0.4	0.4	2.0
5:31AM -7:30AM		0	119	0	0	0	0	0	0	0	119	238
		0.0	0.2	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.2	0.4
7:31AM -9:30AM		119	238	0	0	0	0	0	0	0	0	357
		0.2	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7
9:31AM -11:30AM		0	0	7621	119	0	0	0	0	0	0	7740
		0.0	0.0	14.2	0.2	0.0	0.0	0.0	0.0	0.0	0.0	14.4
11:31AM -1:30PM		0	238	3453	714	0	0	0	0	0	0	4406
		0.0	0.4	6.4	1.3	0.0	0.0	0.0	0.0	0.0	0.0	8.2
1:31PM -3:30PM		0	2977	5716	357	7264	119	0	0	0	0	16433
		0.0	5.6	10.7	0.7	13.6	0.2	0.0	0.0	0.0	0.0	30.7
3:31PM -5:30PM		0	4525	5597	1191	834	714	357	0	0	0	13218
		0.0	8.4	10.4	2.2	1.6	1.3	0.7	0.0	0.0	0.0	24.7
5:31PM -7:30PM		0	595	834	238	476	238	476	0	0	0	2858
		0.0	1.1	1.6	0.4	0.9	0.4	0.9	0.0	0.0	0.0	5.3
7:31PM -9:30PM		0	0	0	238	119	238	476	1072	238	0	2382
		0.0	0.0	0.0	0.4	0.2	0.4	0.9	2.0	0.4	0.0	4.4
9:31PM -11:30PM		119	0	119	0	238	357	357	1548	238	0	2977
		0.2	0.0	0.2	0.0	0.4	0.7	0.7	2.9	0.4	0.0	5.6
11:31PM -12:31AM		0	0	0	0	119	714	119	238	714	0	1905
		0.0	0.0	0.0	0.0	0.2	1.3	0.2	0.4	1.3	0.0	3.6
	COLUMN TOTAL	238	8693	23340	2858	9050	2501	2143	2977	1429	357	53586
		0.4	16.2	43.6	5.3	16.9	4.7	4.0	5.6	2.7	0.7	100.0

(N=450)

a) Percents are based on table total.

Table A-5: Distribution of Children by Type of Care

	COUNT	PCT OF RESPONSES	PCT OF CASES
SPOUSE OF PSYCH PARENT	45964	19.5	37.4
SISTER OR BROTHER	11551	4.9	9.4
OTHER RELATIVE IN HOME	47274	20.1	38.4
NON RELATIVE IN HOME	24530	10.4	19.9
STAYS BY SELF	595	0.3	0.5
RELATIVES HOME	51561	21.9	41.9
NON RELATIVES HOME	25959	11.0	21.1
NURSERY PRESCHOOL	8216	3.5	6.7
DAY CARE CENTER	2143	0.9	1.7
HEADSTART	714	0.3	0.6
KINDERGARTEN	14766	6.3	12.0
PARENT AT WORK	357	0.2	0.3
FATHER OUT OF HOME	1548	0.7	1.3
TOTAL RESPONSES	235179	100.0	191.2

(N=10331)

Table A-7: Distribution of Beginning Time for Arrangements

	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT)	CUMULATIVE ADJ FREQ (PERCENT)
4:31 AM- 5:30 AM	238	0.1	0.4
5:31 AM- 6:30 AM	3334	1.9	6.7
6:31 AM- 7:30 AM	5359	3.0	16.7
7:31 AM- 8:30 AM	13099	7.3	41.1
8:31 AM- 9:30 AM	10241	5.7	60.2
9:31 AM-10:30 AM	1548	0.9	63.1
10:31 AM-11:30 AM	1310	0.7	65.6
11:31 AM-12:30 PM	7026	3.9	78.7
12:31 PM- 1:30 PM	2024	1.1	82.4
1:31 PM- 2:30 PM	834	0.5	84.0
2:31 PM- 3:30 PM	1667	0.9	87.1
3:31 PM- 4:30 PM	1072	0.6	89.1
4:31 PM- 5:30 PM	1072	0.6	91.1
5:31 PM- 6:30 PM	1786	1.0	94.4
6:31 PM- 7:30 PM	1191	0.7	96.7
7:31 PM- 8:30 PM	834	0.5	98.2
8:31 PM- 9:30 PM	595	0.3	99.3
10:31 PM-11.30 PM	357	0.2	100.0
TOTAL	53586	100.0	

(N=4501)

Table A-8: Distribution of Ending Time for Arrangements

	ABSOLUTE FREQUENCY	RELATIVE FREQUENCY (PERCENT)	CUMULATIVE ADJ FREQ (PERCENT)
12:31 AM- 1:30 AM	714	0.4	1.3
1:31 AM- 2:30 AM	119	0.1	1.6
1:31 AM- 2:30 AM	119	0.1	1.8
3:31 AM- 4:30 AM	119	0.1	2.0
6:31 AM- 7:30 AM	238	0.1	2.4
7:31 AM- 8:30 AM	357	0.2	3.1
9:31 AM-10:30 AM	238	0.1	3.6
10:31 AM-11:30 AM	7502	4.2	17.6
11:31 AM-12:30 PM	3691	2.1	24.4
12:31 PM- 1:30 PM	714	0.4	25.8
1:31 PM- 2:30 PM	5359	3.0	35.8
2:31 PM- 3:30 PM	11074	6.2	56.4
3:31 PM- 4:30 PM	7502	4.2	70.4
4:31 PM- 5:30 PM	5716	3.2	81.1
5:31 PM- 6:30 PM	2263	1.3	85.3
6:31 PM- 7:30 PM	595	0.3	86.4
7:31 PM- 8:30 PM	595	0.3	87.6
8:31 PM- 9:30 PM	1786	1.0	90.9
9:31 PM-10:30 PM	1310	0.7	93.3
10:31 PM-11:30 PM	1667	0.9	96.4
11:31 PM-12:30 AM	1905	1.1	100.0
TOTAL	53586	100.0	

(N=450)

Table A-9

Total Household Income

Income	Number	Percent
Total*	77,890	100.0%
$ 000 - $ 1,999	1,550	2.0
2,000 - 3,999	9,530	12.0
4,000 - 5,999	12,740	16.0
6,000 - 7,999	8,580	11.0
8,000 - 9,999	5,360	7.0
10,000 - 11,999	6,790	9.0
12,000 - 13,999	5,600	7.0
14,000 - 15,999	5,240	7.0
16,000 - 17,999	5,360	7.0
18,000 - 19,999	4,760	6.0
20,000 - 21,999	2,620	3.0
22,000 - 23,999	2,260	3.0
24,000 and above	7,500	10.0

*Missing cases = 105.